

## Donation Solicitation Request Form

Date: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Activity: \_\_\_\_\_

Additional description of activity: \_\_\_\_\_

\_\_\_\_\_

Effort's Start Date: \_\_\_\_\_

Effort's Completion Date: \_\_\_\_\_

Set-Up/Take Down Time (if needed): \_\_\_\_\_

Type of collection bin requested \_\_\_\_\_

Information to be included in the Announcements \_\_\_\_\_

\_\_\_\_\_

Requested by: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date this form submitted to office: \_\_\_\_\_

\*Please e-mail your completed form to Tara Tuley at [ttuley@crownoflife.org](mailto:ttuley@crownoflife.org)

\*You will be notified by e-mail when your request has been processed

Please print a copy of this form for future reference

Office staff use:

Approved:    YES            NO            Reason Denied \_\_\_\_\_

Date Input \_\_\_\_\_                      Confirmation notification sent: email \_\_\_\_\_