



DONATION REQUEST FORM

Completion of this form does NOT guarantee that we will fulfill the request.

Name of Organization: _____

Address: _____

Organization Type according to IRS Publication 557: 501 (c) (____)

Organization Description: _____

Contact Person: _____

Phone Number: _____ Email: _____

Description of Donation Request:

What communities would be affected by this donation?

Desired date of receipt of donated item: _____

By completing this form, I understand that Endeavor Communications reserves the rights to refuse any donation request at their discretion. In the event that Endeavor donates an item, it is to be used strictly for charitable purposes through auctions, door prizes, and raffles, etc., and is not for resale.

If Endeavor approves this donation request, please send a letter acknowledging receipt of the donation.

Printed Name of Organization Representative: _____

Signature of Representative: _____ Date: _____

Please send this completed form and supporting documentation to Public Relations Coordinator, Sarah Trammell, via fax to 765.795.6599; email to strammell@weendeavor.com; or mail to P.O. Box 237, Cloverdale, IN 46120.

FOR INTERNAL OFFICE USE ONLY

Donation Approved? ___Y ___N	If No, Date letter mailed? _____
Manager's Initials: _____	Donation History: _____ _____
Date of delivery: _____	_____
Method of delivery: ___Mail ___pickup	