



## Donation Request Form

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Description of services provided and community served:

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Name and Description of Event or Activity:

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Donation requested:

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Date of Activity: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please return form to:

Monica Hooper

E-mail: [monicahooper@wbholdingsinc.com](mailto:monicahooper@wbholdingsinc.com)

Requests submitted will be reviewed once per month and decision if granted will be made at the time of review. If you have deadlines, please submit well in advance of deadline, or you risk denial.