

## **DONATION REQUEST**

(Request form must be received by the Jaycess by the 1<sup>st</sup> of every month for consideration)

Requesting Organization	Primary	Contact
Mailing Address		's Phone Number
City, State Zip Code		's Email Address
Website Address	Organiz	ation's Email Address
Description of Request:		
Amount Requested:	Event Date:	A reply is needed by
How will the Jaycees receive recogni	tion for the donation?	
Service Organization		
		Established in:
Service Organization		Established in:
Service Organization Size and Membership:		Established in:
Service Organization  Size and Membership:  Organization Goals:  Programs:  Does the Organization already partic	cipate in Jaycee activities? YES	Established in: