



# City of Payette

## Donation Request Form

Note: Requests must be received two (2) weeks prior to your event. We cannot fill requests without proper advance notification. One donation will be given per calendar year.

**A submitted request does not guarantee a donation.**

Please initial that you have read the above statement \_\_\_\_\_

One Time Request

### Organization Information

Name of Organization/Club \_\_\_\_\_

Organization's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Organization E-mail \_\_\_\_\_

Please Attach Proof of Tax Exempt Status

### Contact Person Information

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

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

Contact Cell Number \_\_\_\_\_ Work/Home Number \_\_\_\_\_

Are you a Payette resident Y / N

### Event Information

Event Name \_\_\_\_\_

Event Date and Time \_\_\_\_\_

Projected Attendance \_\_\_\_\_ Cost per Person (if applicable) \_\_\_\_\_

Item to Be Used For (Door Prize, Silent Auction, Live Auction, Etc.) \_\_\_\_\_

Are you requesting a pool pass Y / N If not, list your request \_\_\_\_\_

Event Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### OFFICE USE ONLY

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

Call made by/time \_\_\_\_\_

Donation Awarded Y / N CC Date \_\_\_\_\_

Amount of Donation \_\_\_\_\_

Amount left in line item \_\_\_\_\_