

Charitable Contribution Request Form

Date of request:	This area is used for Aqua Administration
Date response requested:	PROJECT #
Name of organization:	COST CODE:

Full street address of organization: _____

Street _____

City: _____

State: _____

Zip code: _____

*Please attach request letters, flyers, funding information etc.

Name of requestor: _____

Organization of requestor: _____

Job Title: _____

Contact information of Requestor: _____

Work phone: _____

Email address: _____

For response to this request, list contact information below

Attention to: _____

Address: _____

Street & suite: _____

City: _____

State: _____

Email address: _____

Phone: _____

Please check the correct response below

Is your group or organization a 501 (C) nonprofit agency? **YES** **NO**

Name of Event: _____

Location and date of Event: _____

Purpose of your request:

Type of request:	Monetary	Amount requested: \$	
	Item	Number of items requested:	

Will there be advertisements and promotions featuring Aqua Engineers? **YES** **NO**

If yes, please describe:

Has there been additional fundraising for this event or organization? **YES** **NO**

If yes, please summarize additional efforts:
