

Charitable Contribution Request Form

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