DONATION REQUEST FORM



P.O. Box 6817 • Springdale, AR 72766 (479) 927-4900 • Fax (479) 756-8088

The Northwest Arkansas Naturals strive to be strong members of our local community. Part of that initiative is giving back to the community in which we do business. Any function or group that is holding an event that benefits the community or a non-profit organization is eligible to receive a charitable donation from the Naturals.

To request a donation, please send or fax in the following items to the Northwest Arkansas Naturals at the above address ATTN: Donation Request

Please Include this completed form AND a formal written request on your organization's letterhead. Donation requests must be submitted at least 3 weeks prior to your event.

Type of Organization (chec OBusiness ONon-Pro	*	o Church	o Civic	O School	O Othe	
Address						
City				Zip		
Contact Name		Phone No				
E-Mail		Fax No				
Event Details						
Name/Type of Event		Event Date				
Event Location/Descript	ion					
	ed a group outi	ng with the Natur	als for the 2008	Reason? VES	NO	
Has your group/organization book	cd a group out	ng with the Natur	and for the 2000	scason: 1 Lb		

not guarantee a donation.