DONATION REQUEST FORM

ORGANIZATION INFORMATION



Requests are reviewed by our marketing department to select events or organizations that support our local communities or promote our industries.

Organization Name:			
Contact Name:			
Address:			
City:	State:	Zip:	
Email address:			
Phone Number: ()			
Organization Website:			
Please select one: Non-Profit Re	quest Marke	eting Sponsorship	
Please describe the nature of y	our request (ie. monet	tary amount, merchandise, d	equipment donation):
Date request being submitted:		Date Needed:	
Please identify your target aud	ience:		
What are the goals of your orga	anization?:		
Why do you think Butler Machi	nery should donate to	your cause?	

Note: Submission of this request does not guarantee donation.