DONATION REQUEST FORM

ORGANIZATION INFORM	MATION			
Name of Organization:				
Address:				
City, State, Zip:				
Phone:		F	ax:	
General Description of Organization:				
ls your organization a	a 501(c)(3) non-profit or	ganization? y	es 🔾 r	по 🔾
DONATION DETAILS				
21 business days, so is approved, you will received, we are una Although we are hon All donations will be	onsidered. A response to please include a valid of receive an official confideble to confirm the statement of the statement o	email address and remation by email. It is of requests of naritable requests, case basis for approximation in the past?	contact infor Due to the h r receipt of we are not a	rmation. If your reque nigh volume of reques requests by telephon
Nature of Request:				
How will this donation	on be used?			
Event Information				
Is there an event asso	ociated with this donation	on? yes 🔾	no 🔾	
Description of Event:				
Location of Event:				
Date of Event:		Doadling for Par	ticipation	



Media Inform	MATION						
Advertisem	Advertisement requested?		5 0	no 🔾	Logo Only?	yes 🔘	no 🔘
Will it be pr	rinted or electron	ic?			Color or Bla	ck and Whit	e?
Dimension (inches)	s:	width		heigl	nt		
Dimension (pixels)	s:	width		heigl	nt File f	ormat:	
	comments, or details we may ow:						
	Walton's, Inc. n	nust appr	ove all us	se of its nar	ne and logo p	rior to prod	luction.
Contact Info	DRMATION						
Contact Na	ame:						
Contact En	nail:						
Contact Ph	ione:						
•	ou become d with Walton's, In	c.?:					
FOR OFFI	CE USE ONLY:						
	PICK UP SIGNATU					PICK U	P DATE
	DATE REQUEST RECEIV	VED	APPROVED	OR DECLINED	DATE	RESPONSE DAT	E

