Sonnentag Foundation Ltd. Community & Charitable Donation Request

Thank you for your donation inquiry. For your donation request to be considered, please complete this form and return it to the Sonnentag Foundation, PO Box 100, Marathon, Wi. 54448 or Fax to 877-849-3242. Include an introduction or cover letter, and any additional materials or information that explain the project and donation request in detail. Following our timely review process, you will be notified of our decision by a representative of the Sonnentag Foundation.

Organization/Charity Name:		
Contact Person:		
Address:		
City:	State:	Zip Code:
Phone #:	E-mail:	
Activity / Event Description:		
Event Date:	Needed by:	
WHAT ARE YOU REQUESTING	<u>):</u>	
Gift Certificate	Money (Specify Amount)	\$
Product (Specify Product Na	ime / Quantity)	
		t(s) name, style, color and quantity.
Other (Specify)		
Value of Request: \$		
Will County Materials be promote		event? 🗌 Yes 🗌 No
How? (Radio, TV, Newspaper, S	ignage, Banners, etc.):	
Are you, or have you been, a Co	unty Materials customer?	🗌 Yes 🗌 No
For Office Use Only:		
Donation Approved: Yes	No Date of Notific	cation:
Approved Donation Description (include parameters, restrict	tions, exclusions):
Donation Value: \$		
CMC Location:		Representative:
Authorized By:		Print Name