







## **DONATION REQUEST FORM**

Thank you for your interest in obtaining a donation from the Fort Wayne Mad Ants. Please note that completion of this form is a request only and does not guarantee a donation. All request forms must be received in the Mad Ants' office at least 4 weeks prior to the event.

lame of Organization: Phone:			
Mailing Address:	City:	State:	Zip:
Organization Tax-ID Number:			
Description of organization or missio	n statement:		
Event Name:		Event D	ate:
Event Location:		Event T	ime:
Event Contact Person:	Contact Em	ail:	
Contact Phone:	Estimated Attendance:		
Event Description:			
Description of Request (for tickets: mweekday; ADA needs):		•	ce of weekend or
How will this donation be used (auct	ion, raffle, etc.):		
How will this event will be promoted	:		
Confirmation of donation needed by	(date):	Today's	Date:
The Fort Wayne Mad Ants rece understand that they reserve the rigi form does not guarantee that I will organization, I will use it strictly for the Mad Ants policy that perm	ive myriad requests for d nt to refuse any request o receive a donation. If th charitable purposes thro	at their own discretion e Mad Ants donate an ough auctions, raffles,	. Submission of this item to me or my etc. I am aware of
Printed Name:	Title:		
Signature:			



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