

# DONATION REQUEST FORM



Today's Date:

## Organization Information

Organization:	<input type="text"/>
Address:	<input type="text"/>
City/State:	<input type="text"/>
Zip Code:	<input type="text"/>
Phone:	<input type="text"/>
E-mail:	<input type="text"/>

**The Hangar Restaurant & Cinema**  
1602 S. Main St.  
Maryville, Missouri  
64468  
Phone: 660-582-7225  
www.hangar1.com

## Contact Person

Name:	<input type="text"/>
Address:	<input type="text"/>
City/State:	<input type="text"/>
Zip Code:	<input type="text"/>
Phone:	<input type="text"/>
E-mail:	<input type="text"/>

## Event Information

Date of Event:	<input type="text"/>
Name of Event:	<input type="text"/>
Event Location:	<input type="text"/>
Expected Attendance:	<input type="text"/>

How will the donation be used?

- Live Auction       Silent Auction       Door Prize       Raffle       Other

If "Other", please explain.

- I have attached documentation of my event to this form.  
 I will describe the event in detail in the space provided below.

I am aware of the Hangar Restaurant & Cinema Donation Request Policy.

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_

**HANGAR USE ONLY**