

Donation Request Form

Alaska SeaLife Center
Office of Development
PO Box 1329
Seward, AK 99664
Fax (907) 224-6320

Date: Org Type:

Organization:

Address:

City: State:

Zip: Phone:

Contact Name:

Contact Email:

Event Name:

Event Date:

Whom does this event benefit?

How will the Center be acknowledged?

Donation Delivery:

Have you received Center donations in the past?

If so, how was the Center acknowledged?

| Donation Request Description | Quantity |
|--|----------|
| <i>Example: Free passes to the Alaska SeaLife Center to be auctioned off at fundraising event.</i> | 2 |
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Notes:

CENTER USE ONLY

Date Received: Approved
 Denied

Authorized By:

Certificate Delivered:

Date:

Notes: