

NINOS, Inc. Donation Letter Request Form

Print and fill out completely. An incomplete form will be returned.

Center: _____ **Date:** _____

Name: _____ **Signature:** _____

Donor Information:

Organization Name: _____

Contact Person: _____

Title: _____

Recognition Name: _____
(if different from Contact person):

Address: _____

Email: _____

Phone Number: _____

Letter Addressed to: _____
(to whom the letter should be addressed to and recognized):

Purpose for the Request:

Purpose of Event/Activity: _____

Date and Time of Activity: _____

Request

<i>Item</i>	<i>Description</i>	<i>Quantity</i>
1		
2		
3		
4		
5		
	<i>Estimated Value of the Donation</i>	

Important Reminder

*Only the Area Manager or Directors are authorized to request or receive donations.
Please note: Soliciting or accepting monetary or cash donations is strictly prohibited.*

Office Use Only

Received On: _____ *Date Submitted* _____

Date Letter Created: _____ *Date Approved:* _____