



# The Zone Sportsplex

## DONATION REQUEST FORM

P. O. Box 1344  
 Poulsbo, WA 98370  
 Phone: (360) 697-ZONE (9663) Fax: (360) 598-9753

*Type or print clearly. Please allow 4 weeks for processing.*

CONTACT PERSON			EMAIL
ORGANIZATION NAME			DOLLAR AMOUNT (OR ITEMS) REQUESTED:
ADDRESS			
CITY	STATE	ZIP	MAKE CHECK PAYABLE TO:
WORK PHONE ( )	HOME PHONE ( )		FAX ( )

### Benefiting Organization

ORGANIZATION TO BENEFIT FROM FUNDRAISER	TAX STATUS
PURPOSE OF ORGANIZATION	<input type="checkbox"/> Exempt: Tax ID # _____ <input type="checkbox"/> Non-Exempt: indicate reason: _____
DONATION WILL BENEFIT:	ORGANIZATION STATUS: <input type="checkbox"/> Public <input type="checkbox"/> Private

INDICATE SPECIFIC PROGRAMS TO RECEIVE FUNDS (Use Back of Form if More Space Needed)

### Fundraising Event

EVENT NAME (if applicable)	TYPE OF EVENT
LOCATION CITY & STATE	<input type="checkbox"/> Raffle <input type="checkbox"/> Auction <input type="checkbox"/> Other _____ DATE (a specific date must be provided. e.g. drawing date for raffle)
MARKETING / PROMOTION PLAN	

### Additional Information

HAS A ZONE SPORTSPLEX EMPLOYEE REFERRED THIS REQUEST OR BEEN INVOLVED WITH YOUR ORGANIZATION AS A CONTRIBUTOR, VOLUNTEER, OR DIRECTOR?  Yes  No

IF YES, NAME OF EMPLOYEE \_\_\_\_\_

HAS YOUR ORGANIZATION REQUESTED A DONATION FROM THE ZONE SPORTSPLEX BEFORE?  Yes  No

IF YES, WHEN WAS THE LAST REQUEST MADE? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For Office Use Only)		
Approved by: _____	Amount: _____	Date: _____