



**Donation Request**

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Donation Requested: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Who will benefit from your event:  
\_\_\_\_\_

Have you received a donation from ASUCLA in the past:  Yes  No If yes, please answer A & B

A. Date of Donation: \_\_\_\_\_

B. Donated Items: \_\_\_\_\_

Tax ID # \_\_\_\_\_

<i>Signature</i>	<i>Date</i>
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**For Office Use Only**

Approved  Rejected Items Donated: \_\_\_\_\_

Donation Value: \_\_\_\_\_ Filed:  Yes  No Initials: \_\_\_\_\_

<i>Manager Signature</i>	<i>Date</i>
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