

**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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