

DONATION REQUEST APPLICATION

Please submit requests at least three weeks before the donation is needed.

REQUEST INFORMATION

Date Submitted: _____

Donation Needed By: _____

Event Date: _____

Pick-Up Date: _____

ORGANIZATION INFORMATION

Organization Name: _____

Contact Name: _____

Title: _____

Phone: _____

Email: _____

Website: _____

501(c)(3) Organization: Yes / No _____

Tax ID / EIN: _____

Organization Mission / Purpose

DONATION REQUEST

Exact Donation Requested: _____

Requested Quantity / Value: _____

Type of Request: Tournament / _____

Fundraiser / Auction / Raffle / _____

Other _____

How will the donation be used?

EVENT INFORMATION

Event Name: _____

Event Location: _____

Type of Event: _____

Expected Attendance: _____

Expected Amount Raised: _____

Benefiting Organization / _____

Cause: _____

DONATION REQUEST APPLICATION

ADDITIONAL INFORMATION

FUNDRAISING & CHARITABLE PURPOSE

If applicable, please provide the following information:

How will funds be raised?

Where will proceeds go?

Estimated percentage

benefiting the stated cause:

Previous year amount raised (if applicable):

RECOGNITION / SPONSORSHIP

Please describe how Black Hawk Golf Course will be recognized for its donation.

Examples may include event signage, printed materials, website recognition, social media, sponsor announcements, or other recognition.

ADDITIONAL INFORMATION

APPLICANT CERTIFICATION

I certify that the information provided on this application is accurate and that any donation received from Black Hawk Golf Course will be used for the purpose described above.

Applicant Name:

Signature:

Date:

BLACK HAWK GOLF COURSE — OFFICE USE ONLY

Decision:	☐ APPROVED ☐ DENIED	Date:	
Approved By:		Donation Date:	
Donation Provided:		Estimated Value:	
Notes:			

BLACK HAWK GOLF COURSE • Beaver Falls, Pennsylvania
Thank you for considering Black Hawk Golf Course as a community partner.