

# CHARITABLE DONATION REQUEST FORM

All of the following information is required in order for BGHN Associates, P.C. to consider your request.

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization's Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Please make sure your proposal includes the following information:

- A description of your organization, including its mission, major accomplishments, and key staff/titles

Contact person's relationship to the organization:

Employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Paid Worker \_\_\_\_\_ Fund Raiser \_\_\_\_\_

What services are rendered by your organization? \_\_\_\_\_  
\_\_\_\_\_

What percentage of the donation will be used to help the given program/charity? \_\_\_\_\_

How will this donation be used? \_\_\_\_\_  
\_\_\_\_\_

What kind of advertising/recognition will BGHN Associates, P.C. receive, if any? \_\_\_\_\_  
\_\_\_\_\_

Why type of contribution are you seeking? (check one)	
_____	Monetary \$ _____
_____	Volunteer Desired Acts: _____

By what date do you need the contribution? \_\_\_\_\_

*Please submit complete proposals no less than 30 days before contribution is needed. Incomplete or late proposals may not be considered.*

To whom should the check be made payable? \_\_\_\_\_

Signature of Organization's Officer: \_\_\_\_\_

*Within 30 days following the event, please provide a letter or program showing how funds were used and the benefits BGHN received.*

## Internal Use Only

Date of Review: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_