



Donation Request Form

Date: ___/___/___

Organization Name: _____

Organization URL: _____

Is Your Organization an Actively Buying Customer of Elkins Wholesale, Inc.? Yes ___ No ___

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone: _____

Description of services provided and community served:

Are you requesting a monetary donation? Yes ___ No ___; If Yes, how much? _____

Are you requesting a merchandise donation? Yes ___ No ___; If Yes, what merchandise?

Date of Activity: ___/___/___ through ___/___/___

Anticipated Number of Participants: _____