



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

REQUEST FOR DONATION

(Attach official event flier/information)

Name of group: _____

Contact Name: _____

Contact Email: _____ Phone: _____

501(c) 3 Non-Profit or School District? YES NO

Tax ID number: _____

Description of event/ charitable event/ community service: _____

Date: _____ Time: _____ Location: _____

Benefit proceeds go to: _____

Has the YMCA donated to this event/ organization in the past? YES NO

If yes, what / when: _____

*****YMCA OFFICE USE ONLY*****

Donation Granted _____

Denied By: _____ Date: _____

Group Notified: (date) _____ By: _____