



## DONATION REQUEST FORM

Organization Requesting Donation: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ (501)(c)3 #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Address where donation can be sent: \_\_\_\_\_

\_\_\_\_\_

Donation will be used for (circle one):

Silent Auction

Live Auction

Giveaway Prize

Other

\*Please email to [tickets@janesvillejets.com](mailto:tickets@janesvillejets.com) OR mail to 20 E. Milwaukee St. Suite 304 Janesville, WI 53545