



## Donation Request Form

*Please fill out the following questionnaire to be considered for a donation.*

Name of organization: \_\_\_\_\_

Name of event: \_\_\_\_\_

Date of event: \_\_\_\_\_

Expected number of attendees at event: \_\_\_\_\_

Donation you are seeking: \_\_\_\_\_

How are you advertising the event? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will you be advertising/displaying our donation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tax ID number: \_\_\_\_\_

*\*\*Please take a picture of your display table to be featured in our monthly newsletter.*

**Please return to:**

Julia Small  
Sales and Marketing Manager  
& Event Coordinator  
1606 Trilogy Parkway  
Nipomo, CA 93444  
805-343-9459 ext 104 direct  
805-343-0913 fax  
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