

Donation Request Form

GENERAL INFORMATION

This form should be completed electronically and printed. This form cannot be submitted online. Requests should be submitted at least 4-6 weeks in advance of an event to allow time for review. Retay Credit Memo's may be issued in lieu of monetary or in-kind requests. Due to the large number of requests, RETAY USA is unable to gaurantee response to all donation requests.

Today's Date:

Status:

Authorized By:

ORGANIZATION INFORMATION

Name of Organization		EIN/Tax ID #		501(c)(3) Status (since)	
Mailing Address		City		State	Zip Code
Telephone Number Organ	organization Website Contact E-mail Address			ress	
ame of Contact Title or Relationship t		elationship to Organization	rganization Contact's Telephone Number (if different)		
Has the organization received support from RETAY?		When?	Amount:		
	PROG	RAM INFORMATION			
Program or Event Name					
Purpose of Support					
How will the funds raised for the progr	am be used?				
How will a RETAY donation assist you	ir program?				
Area/Community the program will serv	ve Estimated n	number of people served	Date of pro	gram/even	t
Signature of Applicant					
By signing this form, I verify that I am an authorized Revenue Service and is in full compliance with the U		onprofit and this organization qualifies	for tax-deductible cont	ributions as de	fined by the Internal
Please email your completed from to H_	Carrell@teamretay.co	om. Forms that are not signed v	will not be processe	ed.	
Date Received:	Donation:	Notes:	Fisc	al Year:	