

Donation Request Form for DSEC

Please complete the following contact information:

Name of Organization: _____

Address: _____

City _____ State: _____ Postal Code: _____

Organization Contact Name: _____

Org Contact Number: _____ Org Email: _____

Submitters Name: _____ Phone: _____

Email: _____

Event Details

Name of Event or Project: _____

Date of Event or Start Date for the Project: _____

(We are requesting at least two weeks' notice of your event or project.)

Location of Event of Event or Project:

Short Description of Event: _____

What kind of advertising is planned for this event and how will DSEC be featured:

Estimated Number of Attendees or Participants: _____

Amount Requested: _____

Please submit this form to Elaina Burkhalter at DSEC, 1501 E. 1st Ave., Hereford. Or email to communications@deafmsith.coop.

Below is for internal use only

Staff person received _____

Approved amount _____ **Declined** _____

Staff person approved/declined _____

Date check sent _____