



## COSUMNES COMMUNITY SERVICES DISTRICT

# Donation Request Form

Thank you for inviting us to support your organization's event. Please fill out this Donation Request form. Staff will review your request and evaluate if the District is able to provide support.

Submit form within 30 days prior to event date: [GloriaSeguisabal@CosumnesCSD.gov](mailto:GloriaSeguisabal@CosumnesCSD.gov)

### **ORGANIZATION INFORMATION**

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Website: \_\_\_\_\_ EIN/Tax ID#: \_\_\_\_\_

Address: \_\_\_\_\_

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

Organization Mission/Vision: \_\_\_\_\_

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

### **APPLICANT INFORMATION**

Name: \_\_\_\_\_ Relationship to Organization : \_\_\_\_\_

Address: \_\_\_\_\_

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

### **EVENT INFORMATION**

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

Description of Event: \_\_\_\_\_

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

Area/Community Event will Serve: \_\_\_\_\_

Estimate number of attendees: \_\_\_\_\_ Is this event a fundraiser? ☐ Yes ☐ No

Any other information we should consider when reviewing your request?

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

*By signing this form, I verify that I am an authorized agent of the requesting organization.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **STAFF USE ONLY**

Date Received: \_\_\_\_\_ Approved By: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Contents, Value & Comments: \_\_\_\_\_