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Charitable Request Form

Please complete the form below if you would like to request a donation of my time, and/or services. All requests must be received at least four weeks prior to the requested date to be eligible for consideration. If I am able to accomodate your request I will contact you to discuss the specific details. Please attach any additional information regarding your request to this form that may assist the review process. Due to my schedule, and volume of requests, I can't gurantee that all requests will be approved. Thanks for inquiring, and I look forward to considering your request.

Name of Person Making Request: _____

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ eMail: _____

Services/Time Requested: _____

What will the donation be used for?: _____

Reason for request: _____

Date donation is needed: _____

Has the IRS 501(c)(3) granted status to your organization? YES NO

Tax ID Number: _____