



DONATION REQUEST FORM

Name of Organization: _____

Contact Person: _____

Organization Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____ Tax I.D. Number: _____

Check here to be added to the Long Island Ducks E-mail update list

Check here to learn more about additional fundraising opportunities with the Long Island Ducks

Date of Event: _____ Name of Event: _____

How will the donation be used?

1. Auction
2. Door prize
3. Raffle
4. Other: (Explain) _____

I understand that the Long Island Ducks reserve the rights to refuse any donation request upon their discretion. In the event the Long Island Ducks donate an item, it will be used strictly for charitable purposes through auctions, door prizes, and raffles, etc.

I am aware of the Ducks policy to grant one (1) donation per year per organization.

Signature

Title

Date

**** ALL REQUESTS PROCESSED ONE MONTH IN ADVANCE OF EVENT DATE ****

