



## Donation Request Form

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

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

*Street*

*City*

*State*

*Zip Code*

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

***Please attach a formal letter that details your event and request. This must be signed by your company designee.***

Reason for Donation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Request: Service: \_\_\_\_\_

Product: \_\_\_\_\_

Gift Card: \_\_\_\_\_

CobyCash: \_\_\_\_\_

Area: CAS: ☐ Coby's: ☐ Other: ☐

Amount Approved: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

***Forward Request to the CAS Business Office - With a Current W-9 (if applicable)***

***All Checks will be mailed to the person listed as the Contact on this form.***

***Requests will take at least 2 weeks to process.***

Unit Manager Responsible: \_\_\_\_\_

Date Product Delivered: \_\_\_\_\_ Product List Attached: ☐