Rock River Raptors
Donation Request Form

Completion of this form indicates a request; it does not guarantee a donation. Donation requests must be received a **minimum of 4 weeks prior** to the event to be considered. Please type or print. **Incomplete forms will not be considered.**

Event Date_____

Organization_____

Type o Business o Charity o Church o Civic o School o Other
If Other, Please specify_____

Tax Exempt#/501c3_____

Address_____

City_____ State_____ Zip_____

Telephone #_____ Fax_____

Contact Name_____ Contact Telephone_____

Event Name_____

Event Location_____

Event Description (please be specific; who benefits, the cause, etc)_____

Item to be used for (silent auction, door prize, etc)_____

Donation Shipping Address_____

Please return completed form and event flyer/brochure and/or other information on your organization's letterhead to:

Rock River Raptors
Attn: Community Relations/Donation Requests
213 N. Third St.
Rockford, IL 61101