



PATASKALA AREA CHAMBER OF COMMERCE DONATION REQUEST FORM

Requirement: Organization or individual, as applicable, must attend a board meeting to present donation need for potential approval. Your project must benefit the business community in some way to be considered.

Organization/Individual Information:

NAME	
ORGANIZATION	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	
FAX NUMBER	
E-MAIL	
OTHER CONTACT	

Amount requested: _____

Please provide a description of the event or activity for which funding is being requested and explain the benefit that would be realized should the request be granted (or attach additional sheet.)

Please give five (5) weeks advance notice. NOTE: Requests are not guaranteed to be approved or approved for the entire amount requested.

For Chamber Board Use Only:

Approved _____ Declined _____

Upon approval please note the following fulfillment decision:

Comments:

Date Approved/Denied by Chamber Board: _____

Date Response sent to Applicant: _____

Date check was sent/picked up: _____

Signature _____ Date _____