



# Trail Appliances

Your Home. Your Style.

## DONATION REQUEST FORM

Thank you for your interest in Trail Appliances. All requests must be sent at least SIX weeks before the event.



### ORGANIZATION INFORMATION

Full Name of Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Non-Profit or Tax Identification Number \_\_\_\_\_



Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_



Brief Description of Organization

Who the Organization Benefits

Geographic Area Served \_\_\_\_\_



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## EVENT DETAILS

Program/Event Name \_\_\_\_\_

Event Date (s) \_\_\_\_\_

Request Details

Who the Event Benefits

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Have you received a donation from Trail Appliances before?      Yes      No

If yes, when? \_\_\_\_\_

Details \_\_\_\_\_

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Thank you for your submission. We will contact organizations whose request has been approved.  
No phone calls please. We wish you much success with your fundraising endeavours.