



### CHARITABLE DONATION REQUEST FORM

All of the following information is required in order for Collection Connection to consider your request.

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone: \_\_\_\_\_

**Please make sure your proposal includes the following information:**

- A description of your organization, including its mission and accomplishments
- A copy of the letter from the IRS stating your organizations 501(c)(3) status, if applicable
- A list of key staff and contact information, including Board of Directors.

How will this donation be used?: \_\_\_\_\_

\_\_\_\_\_

What kind of advertising/signage and/or recognition will Collection Connection receive?: \_\_\_\_\_

\_\_\_\_\_

Are there any other framing or memorabilia shops donating at this time? If so, please list.: \_\_\_\_\_

\_\_\_\_\_

What type of contribution are you seeking? (check one)

- Monetary \$ \_\_\_\_\_
- Framed Artwork
  - Desired Items: \_\_\_\_\_
- Other: \_\_\_\_\_

What date do you need the contribution?: \_\_\_\_\_

Does your organization currently do business with Collection Connection?: \_\_\_\_\_

Does your organization do business with other framing and/or collectable stores?: \_\_\_\_\_

Signature of Organization's Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**Within 30 days of the event, please provide a letter showing how donations were used and the benefits Collection Connection received.**