

Donation Request Form

Donation requests are organized by event date and filled the month prior. Please fill out the information below and fax or mail at least 4 weeks in advance of your event date.



Requesting Organization: _____

Contact Name/Title _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Is this donation request in association with a particular event? Yes No

If so, when is the event? _____

Please give the name of the event and a brief description or attach event information.

How will this donation be used (i.e. silent auction, raffle winner, etc) _____

Does the IRS classify requesting organization as a 501(c)3 organization? Yes No

Has Ragazzi contributed to the requesting organization in the past? Yes No

If yes, what item and when? _____

Please give additional comments, directions or details we may need to know.

The undersigned hereby certifies that a) the information in this application and supporting documents are correct to the best of his/her knowledge; and b) the Internal Revenue Service 501 (c) 3 determination has not been revoked, cancelled, or modified; and c) funds will be used for the projects outlined in the application and agreed to by both parties.

Signature

Date

Along with this application, please include a brief description of the requesting organization including its mission and leadership and mail or fax to Ragazzi.

Ragazzi Boys Chorus
20 N San Mateo Drive, #9
San Mateo CA 94401
Fax.650.342.8731

Approved <input type="checkbox"/>	Date Filed	Pick Up Signature	Date
Rejected <input type="checkbox"/>			