

Donation Request Form

Please complete and submit this form via email or in person to River City Grille. This request form should be submitted at least 60 days prior to your event. River City Grille will contact you if your request has been granted.

ORGANIZATION INFORMATION

Organization/Group Name:
Organization Contact Name and Title:
Organization Address with City, State, and Zip Code:
Organization Email:
Organization Phone #:
Organization Fax #:
Organization Federal Tax ID #:
5.01 ©3 non-profit? YES/NO (Circle One)



Donation Request Form

Please describe the purpose of you organization and its primary beneficiaries:		
EVENT INFORMATION		
Event Name:		
Event Coordinator/On-site Contact Name:		
Event Location and Address with City, State and Zip Code:		



Event Phone #:
Event Fax #:
Is this event a fundraiser? YES/NO (Circle One) Event Date:
Event Description (Include time, number of people attending, purpose
Which community or neighborhood will benefit from this donation?



What other restaurants will be involved?		
What is the total goal of the fundraising activity?		
What is the deadline for receiving the donation (60-day minimum)?		
Have you held this event before? YES/NO (Circle One)		
Is this an annual event? YES/NO (Circle One)		
Number of people who attended in the past:		
Did we donate to this event before? YES/NO (Circle One)		



If yes, what was the item?	
What is your donation request for this even	ent?
How will River City Grille's contribution be promotion or public acknowledgement?	e included in advertising, program
AGREEMENT	
If donation is granted, we may request the River City Grille. I agree that the above is understand that this is a request form on donation from River City Grille until the recity Grille.	nformation is accurate. I ly, and that I will not receive a
Signature:	Date: