

# Hartnagel Building Supply – Donation Request Form

3111 Highway 101 East, Port Angeles, WA 98362 • Phone: (360) 452-8933 • Fax: (360) 452-8943 • Toll Free: 888-452-6252  
Type or print clearly. Please allow 5-6 weeks for processing.

CONTACT PERSON			EMAIL
ORGANIZATION NAME			DOLLAR AMOUNT (OR ITEMS) REQUESTED:
ADDRESS			
CITY	STATE	ZIP	MAKE CHECK PAYABLE TO:
WORK PHONE ( )	HOME PHONE ( )		FAX ( )

## Benefiting Organization

ORGANIZATION TO BENEFIT FROM FUNDRAISER	TAX STATUS <input type="checkbox"/> Exempt: Tax ID # _____ <input type="checkbox"/> Non-Exempt: indicate reason:
PURPOSE OF ORGANIZATION	ORGANIZATION STATUS: <input type="checkbox"/> Public <input type="checkbox"/> Private
DONATION WILL BENEFIT:	

INDICATE SPECIFIC PROGRAMS TO RECEIVE FUNDS (Use Back of Form if More Space Needed)

## Fundraising Event

EVENT NAME (if applicable)	TYPE OF EVENT <input type="checkbox"/> Raffle <input type="checkbox"/> Auction <input type="checkbox"/> Other _____
LOCATION CITY & STATE	DATE (a specific date must be provided. e.g. drawing date for raffle)
MARKETING / PROMOTION PLAN	

## Additional Information

HAS A HARTNAGEL BUILDING SUPPLY EMPLOYEE REFERRED THIS REQUEST OR BEEN INVOLVED WITH YOUR ORGANIZATION AS A CONTRIBUTOR, VOLUNTEER, OR DIRECTOR?  Yes  No

IF YES, NAME OF EMPLOYEE \_\_\_\_\_

HAS YOUR ORGANIZATION REQUESTED A DONATION FROM HARTNAGEL BUILDING SUPPLY BEFORE?  Yes  No

IF YES, WHEN WAS THE LAST REQUEST MADE? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For Office Use Only)

Approved by: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_