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 Port Angeles, Wa 98362
 phone 360-452-8933
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PLEASE TYPE OR PRINT CLEARLY AND 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 AN ANGELES MILLWORK & LUMBER CO. 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 ANGELES MILLWORK & LUMBER CO. BEFORE? Yes
 No

IF YES, WHEN WAS THE LAST REQUEST MADE?

COMMENTS:

Signature: _____ **Date:** _____

(For Office Use Only)	
Approved by: _____	Amount: _____
Date: _____	