

# Donation Request Form for Nonprofit Organization

Organization Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

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

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

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

## Purpose of Donation:

- Describe the reason for the donation: \_\_\_\_\_
- Explain the impact: \_\_\_\_\_

## Donation Requirements:

- Amount or Item Description: \_\_\_\_\_
- Estimated Value: \_\_\_\_\_

## Acknowledgment Table:

Acknowledgment	Check	Details	Value Added
Event Mention	<input type="checkbox"/>	Name announced	
Media Placement	<input type="checkbox"/>	Name/logo displayed	
Recognition Plaque	<input type="checkbox"/>	Personalized gift	

## Signature Section:

Requester: \_\_\_\_\_ Date: \_\_\_\_\_

Donor: \_\_\_\_\_ Date: \_\_\_\_\_