

WI Clear Waters TU Donation REQUEST

Today's Date _____

Organization _____ Tax ID # _____

Address _____ City _____ ST _____ Zip _____

Organization's Purpose Fund Raiser for Local Charities _____

Number of Members _____

Officers of the organization are: _____

Name of representative requesting donation: _____

Phone Number _____ Fax Number _____ Email _____

Best time to contact you via telephone _____

Donation request (please describe here and attach any letter, sample ads, etc.)

Donation Requested \$ _____

Target amount to raise \$ _____

Purpose of fund-raiser _____

How many people will this serve/benefit/impact? _____

What will the funds be used for? _____

What percent of yearly gross income raised goes to: Administration ____ %
State or National Organization ____ %

Special Event _____ Date _____

Additional Comments: _____

Donation requests are reviewed on the second Tuesday of each month.

Return to: Wiscons Clear Waters TU Chapter
Marketing
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