



**Request for Charitable Contribution**

\*\*All requests for charitable contribution will be reviewed Weekly for the following week

Organization requesting donation:

Date requested:

Date Needed:

Donation Item Requested:	Value

**Contact information of Organization:**

<b>Name of requesting Organization</b>	
<b>Street Address</b>	
<b>City, State, Zip</b>	
<b>Phone #</b>	
<b>Email Address</b>	
<b>Website (if applicable)</b>	

**Description of Organization: (Provide a brief description and purpose of the organization)**

**Description of Activity at which the donation will be utilized: (Provide a brief description of the purpose and desired outcome of the Activity)**

**Explain how the American West Heritage Center will be recognized during your event:**

**Authorization:**

<b>Donation Items Authorized</b>	<b>Value</b>