



STYLE...NOT RESERVED FOR HUMANS®



214 W. Phelps, Suite 205, Springfield, MO 65806 P: 417-869-8181 F: 417-869-9091 W: unleashedlife.com

Request for Charitable Contribution

Date: _____

Thank you for considering Unleashed Life for your upcoming fund-raising event. We are strong believers in supporting our community, but requests are so numerous that we are not always able to meet everyone's needs. So that we may fairly distribute our donations throughout the year, we ask that you complete this form. Thank you.

We require the following information:

1. Date of the event.
2. Request on organization's letterhead.
3. Outline of organization's mission and description of event.
4. Copy of 501-C3 certificate.
5. Specific outline of request and how Unleashed Life will be recognized.

Please fill out any information that is not included in request on non-profit letterhead

Name of Organization _____

Address _____ Telephone _____

501-C3# _____

Name of Development Officer _____

Non-profit Service Mission (check one)

- | | | | |
|----------------------------------|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> housing | <input type="checkbox"/> women's services | <input type="checkbox"/> education | <input type="checkbox"/> health |
| <input type="checkbox"/> animal | <input type="checkbox"/> youth | <input type="checkbox"/> equality | <input type="checkbox"/> other _____ |

Mission Description _____

Board List (please attach)

Solicitor Name _____

Solicitor Address _____ Telephone _____

Solicitor Email Address _____

Name of Event _____

Date of Event _____ Location _____

Description of Event _____

Donation Request _____

How will Unleashed Life be Recognized for Contribution _____
