



# Donation Request Form

Please attach any event or program documentation and complete the following information:

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Event or Project:** \_\_\_\_\_

**Date of Event or Project:** \_\_\_\_\_

**Location of Event or Project:** \_\_\_\_\_

**Short Description of Event or Project including its Objectives:** \_\_\_\_\_

**Estimated Number of Attendees or Participants:** \_\_\_\_\_

**Estimated Age Range of Attendees or Participants:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

Please send the completed form to the Kiwanis Club of Cheyenne at PO Box 1266 Cheyenne, WY 82003 or via email at [kiwaadmsect@cheyennekiwanis.org](mailto:kiwaadmsect@cheyennekiwanis.org).