



DONATION REQUEST FORM

NOTE: *You must complete all fields in order for your request to be reviewed.*

Date: _____

Requestor's Name/Title: _____

Requestor's Phone Number (xxx-xxx-xxxx, Ext. xxxx where applicable): _____

Email Address: _____

Name of Charity/Organization: _____

Address: _____

Non-profit Tax-Exempt #: _____

Requested Amount: \$ _____

Explain why MSA should support and describe how organization will use the support:

Description of In-Kind Support (*if applicable*):

Charity Website Link/URL: _____

Donation Type (*please choose one*):

- Sponsorship Request
- Corporate-Sponsored Fundraising
- In-Kind Support

Any other Information you can provide that will help in the decision-making process for your request:

EMAIL REQUEST TO [Rae S Weil@rl.gov](mailto:Rae_S_Weil@rl.gov) OR MAIL TO:

Mission Support Alliance

Attn: Community Outreach/H1-20

PO Box 650

Richland WA 99352