

MOUNTAIN VIEW ICE ARENA DONATION REQUEST FORM



DATE: _____ ORGANIZATION NAME: _____
ORGANIZATION TYPE: CHARITABLE EDUCATIONAL INSTITUTIONAL
AGE GROUP BENEFITED K-8 HIGH SCHOOL ADULT
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____
PHONE: () _____
EMAIL: _____
501-C 3 # _____

PLEASE DESCRIBE YOUR ORGANIZATIONS EVENT:

EVENT DATE: _____ EXPECTED ATTENDANCE: _____
DONATION REQUESTED: _____
DATE NEEDED: _____
USE OF DONATION: _____

HOW WILL THE DONATION BE ACKNOWLEDGED: _____

HOW DID YOU HEAR ABOUT THE MVIA DONATION PROGRAM?

To assist us in our decision we require a copy of your organizations 501 c-3 non-profit designation letter and request any information about your organization and event that will further complete your application.