



DONATION REQUEST WORKSHEET

**please include a copy of your 501 (c) (3)*

DATE: _____

JGS STAFF INITIALS: _____

ORGANIZATION GROUP/NAME: _____

CONTACT PERSON: _____

PHONE NUMBER: _____ EMAIL: _____

PURPOSE OF THE FUNDRAISER: _____

DONATION *(please circle one)*: GIFT CARD GIFT BASKET BOTH

WILL THE ITEM BE **AUCTIONED** (SILENT OR LIVE), **RAFFLED**, **GIVEN AWAY**? _____

PRICE OF RAFFLE TICKETS: _____

DATE OF EVENT: _____ HOW MANY ATTENDING: _____

COST OF EVENT: _____

NEED A COMMITMENT BY: _____

DONATION NEEDS TO BE PICKED UP BY: _____

PICK UP LOCATION *(please circle one)* : **VENICE** **SARASOTA** **BOCA GRANDE**

WE APPRECIATE YOU REACHING OUT TO US FOR A DONATION! WE RECEIVE MANY REQUESTS. **WE WILL REACH OUT TO YOU IF WE ARE ABLE TO FULFILL YOUR REQUEST. THANK YOU!**