



PARADY
FINANCIAL GROUP, INC.
YOUR LIFE, YOUR WAY™

DONATION REQUEST

Organization Information

Organization Name: _____

Tax ID / EIN: _____

Nonprofit Status: _____

Website: _____

Address of Organization: _____

Contact Person: _____

Email: _____

Phone: _____

Event / Program Details

Event Name: _____

Date & Location: _____

Event Type: (Examples: Golf Tournament, Dance, Straight Donation)

Purpose of Event: _____

Expected Attendance: _____

How will the donation be used: _____

Donation Request

Monetary Donation \$_____

Products _____

Services _____

Deadline for Receiving Donation _____

Impact & Recognition

How will our company be recognized? _____

Brief description of the charity's mission and community impact:

Donation Allocation & Compliance

Exact percentage of donations allocated to mission-related activities: _____ %

Provide a clear breakdown of remaining funds (administrative, fundraising costs, etc.).

Supporting Documents (required)

- IRS Determination Letter
- W-9
- Event Flyer or Sponsorship Packet

Agreement

I certify that the information provided is accurate and that the organization is a registered nonprofit. I understand that providing false information may result in disqualification from receiving donations.

Signature _____ Date _____

For office use only:

Request Rec'd on _____ by _____

Item Requested & Approved:

Donation \$ _____

Products _____

Services _____

Sponsorship Level: _____

Approved by _____ on _____ Contact person notified on _____