

Donation Request Form

Name of Organization: _____

Organization Address: _____

Tax ID #: _____ F.I.D. # _____

Is the organization a recognized 501(c)(3) organization? **YES / NO**

Name of Person Requesting Donation: _____

Title: _____

Phone Number: _____

Email Address: _____

Date of Event: _____

Type of Donation Requested (circle one): **gift card** **cash** **merchandise**

Additional Information: _____

Please send this completed form to:
4107 NW Topeka Blvd.
Topeka, KS 66617
OR email to **levi@tarwaters.com**

*We love to help our community
whenever we can. Due to the
volume of requests, we are not
always able to contribute.*

(STORE USE ONLY) *Approved by:* _____ *Date:* _____

