



Donation Request Form

Organization Information

Organization Name _____

Tax ID # _____ Email Address _____

Address _____

Contact Name _____ Contact Phone Number _____

Contact Email Address _____

Donation Requested

What type of donation are you requesting? _____

How will the donation be used? _____

Is this donation for a specific event? Yes No Event Date _____

If so, please provide a short description of the event (required)

Will SGC's Logo/Name be printed or listed in material? _____

Expected Attendance _____ Event Location _____ Ticket price _____

Please fill out form completely for your request to be considered. Additional info may be attached the back.

Important information regarding donation requests

- Please allow +4 weeks for request to be considered. No phone calls please
- Due to the volume of requests we are unable to fulfill every request. If your request can be fulfill we will contact you via e-mail or phone provided
- All donations granted will be available for pick up at Scottsdale Gun Club 14860 N Northsight Blvd, Scottsdale AZ 85260

PLEASE RETURN BY FAX TO 480-348-1113 or by E-MAIL to marketing@scottsdalegunclub.com

OFFICE USE ONLY

Donated item _____ Exposure _____

Certificate number(s)