



KINGSTON PLAZA
316 Plaza Road
Kingston, NY 12401

Donation Request Form

Name of Organization: _____ Phone Number: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name/Title: _____ Contact Phone: _____

Contact Email Address: _____

Description of organization including its mission and major accomplishments:

Tell us about your event, activity, or sponsorship request: _____

**Please attach a copy of the letter from the IRS stating your organization's 501(c)(3) status, if applicable.*

What type of contribution are you seeking? (check one)	
<input type="checkbox"/>	Monetary \$ _____ (please be specific)
<input type="checkbox"/>	Sav-On Party Central rental/sale items: Desired item/items: _____

By what date do you need the contribution? _____
Please submit complete proposals no less than 30 days before contribution is needed. Incomplete or late proposals may not be considered.

Does your organization do business with Sav-On Party Central? _____

When was the last time your organization rented or purchased something from Sav-On Party Central?

When did Sav-On Party Central last contribute to your organization? _____

How will Sav-On Party Central's donation be recognized? _____

Signature of applicant _____ Date _____