



Fundraiser/Donation Request Form

*In order to ensure proper regulatory and tax functions are followed a representative of your organization should fill out this form to the best of his/her ability. We appreciate the opportunity to help your organization

Name of Organization: _____ Representative and Title: _____

Type of IRS Standing (501©3, for profit, none, etc): _____ EIN #: _____

Contact Phone: _____ Contact Email: _____ Facebook: _____

Small Games of Chance License: Yes/ No Small Games License #: _____ Expiration: _____

Donation Request

(Donations are typically in Gift Card form in the amount of \$10 or more)

What will the donation be used for?: _____

Has your organization requested a donation within the last 6 months? _____

Donation Request (type, amount, etc): _____

Fundraiser Request

(We have a variety of fundraisers we utilize to help the community)

What will the fundraiser be used for?: _____

Has your organization requested a fundraiser within the last 12 months? _____

What type/length of fundraiser would you like to organize? _____

What other ancillary revenue generators would you like to use (raffle, Chinese Auction, etc)? _____

YOUR ORGANIZATION MUST POSSESS A VALID SMALL GAMES OF CHANCE LICENSE WHERE APPLICABLE

Who will be the representative(s) assisting with the fundraiser? Please provide name and title.

Name: _____ Title: _____

For any follow-up please contact us at wheelpottsville@gmail.com

THANK YOU