

San Fernando Valley Employer Advisory Council
P.O. Box 7641, Porter Ranch, CA 91327
info@sfveac.org

REQUEST FOR DONATION

1. Name and address of organization:

2. Name and title of head of organization:

3. Contact person (if different from above):

Phone: _____ Ext.: _____ Fax: _____

E-mail: _____

4. Mission of organization and main activities:

5. Donation request for:

6. Who benefits from project and how?

7. Amount of donation requested: \$ _____

8. Date & Time of Event: _____

9. Location of Event _____

10. The undersigned person hereby certifies that the information in this application and supporting documents is correct to the best of her/his knowledge.

(Applicant Organization)

(Signature)

(Date)

(Print Name and Title)

Please attach a business card with your request.

