

**TOWN OF EAGAR**  
Donation Request Form

Name of Organization/Group: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ **Total Annual Budget:** \_\_\_\_\_

**Date Donation is needed** \_\_\_\_\_

1. Briefly describe the purpose of your organization:
  
  
  
  
  
  
  
  
  
  
2. Age range served by your organization: \_\_\_\_\_
  
3. Are the members of your organization willing to assist with Town of Eagar work days or projects? \_\_\_\_\_
  
4. Describe how the donation money will be used and how you will recognize the Town of Eagar for its donation:
  
  
  
  
  
  
  
  
  
  
5. How will the donation money promote a positive lifestyle for recipients?
  
  
  
  
  
  
  
  
  
  
6. How will the donation money promote life long skills and talents for recipients?
  
  
  
  
  
  
  
  
  
  
7. What will happen if your donation request is not funded?
  
  
  
  
  
  
  
  
  
  
8. What funding did your group receive or earn last year (including the Town of Eagar)?

Funding Source	Amount of Funding Received

Please list additional funding sources and amounts on the back of this page. Thank you for your request.