

INDIANAPOLIS SOUTHSIDE HARLEY-DAVIDSON

Donation Application Request Form

This form is to be filled out for all Donation requests and submitted to the Office for approval.

Date of Request: _____

Name of Event: _____ Date of Event: _____

Location of Event: _____ Date required: _____

Name of Organization: _____

Address: _____

Phone No.: _____ Contact: _____

Federal Tax Identification Number: _____

What is the donation for? _____

What type of donation are you requesting? Amount? _____

Is this a publicized event? Is so, how? _____

Will Indianapolis Southside Harley-Davidson be listed in a flyer, newsprint, radio or television advertisement? Please describe.

Date of Pickup: _____

Signature: _____ Name: _____

Office Use:

Action to be taken: Approved No/Not at this time Approved by: _____

Donation Amount: _____ Date of Pickup: _____

Item(s) to be donated: Promotional Items Other Check Invoice Attached