

Rent-E-Vent

By **Rent-E-Quip, Inc.**
416 Willow Ave.
Honesdale, PA 18431



(570)253-RENT
(570)253-6434 Fax
REV@RentEQuip.com
www.rentequip.com

DONATION REQUEST

Each year, our company allocates a budget to support community activities through contributions. We are pleased to do our part to assist your organization's programs. However, requests have become so numerous that they exceed our financial capabilities. Therefore, we must fairly distribute our support to as many organizations as possible, and ask that you complete the following **Donation Request** form.

The purpose of this form is not to deter donations, but to determine if we are able to make a contribution at the time of request, as well as more accurately forecast and prepare next year's budget. Thank you for your cooperation and taking the time to make this information available. If a donation is granted, this authorizes Rent-E-Quip, Inc. (and/or Rent-E-Vent by Rent-E-Quip, Inc.) to use your organization's name as a donation recipient in any of our literature or advertising.

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DONATION REQUEST FORM

Organization: _____ **Date submitted:** _____

Tax Exempt Number: _____ (Please provide a copy of your government exemption certificate with this form.)

Is your organization an IRS 501C(3) Tax Exempt Organization? Yes No

Is your organization: Public Private

What is your organization's primary mission? Ill Needy Young People Ages 0-18 Elderly people

Is the geographic area for this requested donation within 25 50 **miles of a Rent-E-Quip facility?**

Has a Rent-E-Quip employee or officer referred this request or been involved with your organization as a contributor, volunteer, trustee, benefactor, director, or member?

Yes, name and description of relationship _____ No

Is your organization and/or its major members (e.g. directors/officers) a current customer(s) of our company?

Yes, name and description of relationship(s) _____ No

Are other businesses being contacted with a similar request? Yes No

Will specific mention be made of our support? Yes, please describe: _____ No

Organization Overview

What programs and/or services does your organization provide?

Approximately how many people benefit from your organization's programs and services?

Donation Request (please be specific)

Date(s) donation is required: _____ **Location(s) donation is required:** _____

How many will attend? _____

Please describe the purpose of your event (please be specific):

Have we provided a donation for your organization in the past? (If so, please describe when/what was donated):

Contact Name(s): _____

Contact Phone Number(s): _____ / _____ / _____
Daily Evening Cellular

Contact E-mail Address: _____

Fax Number: _____

Mailing Address: _____
Street City State Zip

-----Office Use Only-----

Donation Approved: Yes No Partial **Approved by:** _____ **Date of Approval:** _____

Value: \$ _____ **Reference Number:** _____ **Employee Sponsor:** _____

Notes: _____