

Date Submitted: \_\_\_\_\_

Revised 3/24/23



**DONATION-STAFF SUPPORT REQUEST FORM**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ COMPANY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ ORGANIZATION WEBSITE: \_\_\_\_\_

ARE YOU REQUESTING A: \_\_\_\_\_ DONATION \_\_\_\_\_ STAFF SUPPORT

**DONATION:** REQUEST PROMOTIONAL ITEMS OR PRIZES

**STAFF SUPPORT:** REQUEST KDFWR PERSONNEL TO ASSIST IN THE EXECUTION OF YOUR PLANNED EVENT, WHICH ALSO PROVIDES OPPORTUNITY TO BENEFIT KDFWR.

OFFICIAL NAME OF EVENT: \_\_\_\_\_

YEARS IN EXISTENCE: \_\_\_\_\_

COMPANY OR ORGANIZATION OVERSEEING EVENT: \_\_\_\_\_

IS YOUR COMPANY A 501 (c) (3) ORGANIZATION: \_\_\_\_\_

WHAT IS THE BEST CATEGORY TO DESCRIBE YOUR ORGANIZATION? \_\_\_\_\_

WHAT IS THE BEST CATEGORY TO DESCRIBE YOUR EVENT? \_\_\_\_\_

EVENT DATE (S): \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

TOTAL ESTIMATED ON-SITE ATTENDANCE: \_\_\_\_\_ TOTAL PARTICIPATION: \_\_\_\_\_

SPECIFIC REQUESTS/COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO ALLOW ADEQUATE TIME FOR REQUEST TO BE REVIEWED, PLEASE SUBMIT AT LEAST 60 DAYS PRIOR TO EVENT. KDFWR NOT RESPONSIBLE FOR SHIPPING OR DELIVERY COST OF MATERIALS.**

**FOR KDFWR OFFICE USE ONLY:**

REFERRED TO: \_\_\_\_\_ ACTION TAKEN: \_\_\_\_\_

NUMBER OF PROMOTIONAL ITEMS GIVEN: \_\_\_\_\_ ESTIMATED COST: \$ \_\_\_\_\_

PICK UP SIGNATURE: \_\_\_\_\_ PICK UP DATE: \_\_\_\_\_