

## Donation Request Application

**Organization or Business Name:**

---

**Contact Person & Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Mailing Address:**

Payer Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

**Requested Donation Amount:**

\$ \_\_\_\_\_

**Brief Description of Purpose:**

(How will you use this donation and who will benefit?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How does this align with Lakewood Chambers' mission and values?**

\_\_\_\_\_  
\_\_\_\_\_

**Donation will be available 30-60 days prior to the specific event, activity, or project donation award.**

**What is the date of your event, activity, or project?**

\_\_\_\_\_

**Are you a 501 (c)(3) or other registered non-profit organization?**

\_\_\_ Yes \_\_\_ No Tax ID (if applicable)

**Other comments or supporting information you would like to include  
Please attach to your submission.**

---