



GETTING YOU BACK TO **NORMAL**  
WHEN THE **UNEXPECTED** OCCURS

## CONTRIBUTION REQUEST FORM

Thank you for thinking of our company to participate in your event. We sincerely hope that we will be able to help you with our support.

We receive a large amount of requests each month for contributions. As a company, we have Community Investment built into our Core Value's and daily operating principles. With that in mind, we will support and reply to as many as requests possible.

In an effort to be fair to each and every organization and maintain organization of all requests during our evaluation, we require that everyone complete and return our Contribution Request Form. We ask that you complete the form in its entirety and welcome you to attach any supporting documents related to your cause.

It is our first priority to support the organizations that directly impact our local community. In an effort to manage the volume of requests we receive, we only award one contribution per charity annually. Although all requests are worthy of support, we hope you understand that we cannot contribute to every request we receive.

To be considered, please complete the attached form and return it to us by fax, mail, email (info@eomresponse.com), or in person. We must have either a fax number or e-mail address on your form to notify you if you are considered. Our office is open between the hours of 8:00am and 5:00pm, Monday through Friday. **All requests must be submitted by no later than the first day of the month in which you wish to be considered.**

Please keep the following in mind:

*We have a meeting once a month during the first week to review all requests. Requests received later than the first may not be considered until the next month's review.*

*Your request will be considered in the month your event is scheduled. We do not guarantee any decisions to be made in advance. Please do not call to check on the status of your request. We will do our best to meet your donation deadline.*

*Due to the volume of requests we receive, we make only one contribution per charity annually.*

*We will do our best to make the donation of your choice however; you may not receive what you specifically ask for but what we are able to do at the time of evaluation.*

Our team wishes you great success with your efforts and hope that you continue to make a positive impact in our community.



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Organization Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Is there a parent company/ organization? NO YES If Yes, list name: \_\_\_\_\_

Are you a 501c3? NO YES If Yes, list identification number: \_\_\_\_\_

Describe what your organizational goals are and what it does for our community: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event Date: \_\_\_\_\_ Event Duration: \_\_\_\_\_

Who is to benefit from this event? \_\_\_\_\_

How will this event be publicized? \_\_\_\_\_

\_\_\_\_\_

What do sponsors/ donors receive as supporters? \_\_\_\_\_

\_\_\_\_\_

Has our company or any of our company affiliates donated to your organization in the past? If yes, indicate the last donation received: \_\_\_\_\_

Is the event for adults only, children only, or both? \_\_\_\_\_

What type of donation are you requesting? Circle all that apply.

CASH DONATION      TRADE SERVICES      VOLUNTEERS      PROFESSIONAL STAFF ASSISTANCE

When would you like to pick your donation? \_\_\_\_\_

<b>OFFICE STAFF ONLY</b>	
Contribution: _____	
Approved By: _____	Pick Up Date: _____

