

# *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:** \_\_\_\_\_