



416 Old Willow Ave., Honesdale, PA 18431  
Phone: 570-253-TENT Toll Free: 800-549-5226  
Fax: 570-253-6434 [www.rent-e-vent.com](http://www.rent-e-vent.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 the upcoming 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 Rent-E-Vent, by Rent-E-Quip, Inc.) to use your organization's name, logo, and or photos of your organization event, 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 501(C)(3) Tax Exempt "Non For Profit" Organization?  Yes  No

Is your organization:  Public  Private

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

Is the geographic area for this requested donation within  25  50  100 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, or its major members (e.g. directors/officers), a current/past customer(s) of our company?

Yes, name(s) 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

May we request your participation in a photo opportunity relative to our donation?  Yes  No

### Organization Overview

What programs and/or services does your organization provide?

\_\_\_\_\_

Approximately how many people benefit from your company's programs and services? \_\_\_\_\_

### Donation Request (please be specific):

Tangible item(s) and/or financial amount requested: \_\_\_\_\_

Date(s) donation is required: \_\_\_\_\_ Location(s) donation is required: \_\_\_\_\_

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 Value: \$ \_\_\_\_\_ Reference Number: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date of Approval: \_\_\_\_\_ Employee Sponsor: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_