



CHARITY DONATION REQUEST FORM

Organization Name: _____

Tax ID: _____

Organization Event Details

Event Name _____

Event Description _____

Event Date _____

Event Location/City _____

Number of Guests Attending _____

Event Sponsor(s)/Underwriter _____

How will charity funds be distributed _____

Person Submitting Donation Request

First Name _____ Last Name _____

Title/Relationship to Organization Making Request _____

Organization Street Address _____

City _____ State _____ Zip _____

Contact E-Mail _____

Contact Cell or Day Phone (_____) _____ - _____

Request Details

Item donated will be used for:

Live Auction _____

Silent Auction _____

Raffle _____

Door Prize _____

Other (explain) _____

The Sioux Falls Storm will not mail any donation requests. Items, if approved, will be made available at the team's business office.

Please note that submission of this request does not guarantee that your request will be fulfilled. All donation requests must be received online and at least two (2) weeks in advance of your requested event date.

Please email form to Allison Norgaard – allison.norgaard@siouxfallsstorm.com