

# DONATION REQUEST FORM

Please mail completed form at least six weeks  
prior to event.

WATERFALL BAR & GRILLE  
DONATION REQUEST  
2 FORGE POND – CANTON, MA 02021



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

Tax ID #: \_\_\_\_\_

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

Contact Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Event Date & Time: \_\_\_\_\_

Donation Requested: \_\_\_\_\_

How will donation be used? (silent auction, raffle, prize, etc.)

\_\_\_\_\_

For use by Waterfall Bar & Grille:

Date Received: \_\_\_\_\_

Approved by: \_\_\_\_\_

Value: \_\_\_\_\_