



Donation Request Form

Donations are not guaranteed. They are subject to management approval

Today's Date: _____ Event Date: _____

Organization Name: _____

Non-Profit Organization: Yes or No

Address: _____

Website: _____

Contact Name: _____ Phone # _____

Email: _____

Event the donation will be used at: _____

(Name of Event)

How will the donation be used: _____

(door prizes, raffle item, silent auction, etc...)

How will this donation benefit Crossgates GC? _____

(name in program, signage, sponsor, etc...)

Date and Time of Event: _____ Approx. # of attendees: _____

Location: _____

Please print this form, fill out completely and return with the following information:

1. Letter of request on appropriate letterhead verifying the date, purpose and location of the event
2. 501(c)3 paperwork (if appropriate) or other proof of non-profit status.
3. Able to provide Crossgates GC with appropriate documentation of a charitable donation if approved.

Send To:

Crossgates Golf Club
Donation Request
1 Crossland Pass
Millersville, PA 17551-2124

Approved: _____