



Donation Request Form

Your name: _____

Today's Date: _____

Your Phone: _____

Your Email: _____

Organization Name: _____

Is it a 501(c)3?: Y N (If yes, please include a copy.)

Organization website: _____

Your relationship with organization: _____

Has this organization received donation from Ace in the past?: Y N

Name and type of event: _____

Location of the event: _____

Date of event: _____

Type of donation you are seeking: auction item prize item refreshment other

What will the donation be used for?: _____

Please mail this form to PO Box 1088 Lithia, FL 33547 Attn: Donation Request or fax to 813-650-8993

Please understand that the more lead time we are given to consider your request, the greater the chance that we can find some way to help you. We strive to acknowledge all requests within 5 business days of receiving the completed form. We will do our best to have a response within two weeks.