DONATION-STAFF SUPPORT REQUEST FORM

FIRST NAME: ____________________________  LAST NAME: ____________________________

JOB TITLE: ____________________________  COMPANY: ____________________________

STREET ADDRESS: _________________________________________________________________

CITY: ____________________________  STATE: ________  ZIP: ____________________________

PHONE: ____________________________  FAX: ____________________________

E-MAIL ADDRESS: ____________________________  ORGANIZATION WEBSITE: ________________

ARE YOU REQUESTING A:  _____DONATION  _____STAFF SUPPORT

DONATION: REQUEST PROMOTIONAL ITEMS OR PRIZES

STAFF SUPPORT: REQUEST KDFWR PERSONNEL TO ASSIST IN THE EXECUTION OF YOUR PLANNED EVENT, WHICH ALSO PROVIDES OPPORTUNITY TO BENEFIT KDFWR.

OFFICIAL NAME OF EVENT: __________________________________________________________

YEARS IN EXISTENCE: _______________

COMPANY OR ORGANIZATION OVERSEEING EVENT: ______________________________________

IS YOUR COMPANY A 501 (c) (3) ORGANIZATION: __________

WHAT IS THE BEST CATEGORY TO DESCRIBE YOUR ORGANIZATION? __________________________

WHAT IS THE BEST CATEGORY TO DESCRIBE YOUR EVENT? __________________________

EVENT DATE (S): __________________________

EVENT LOCATION: _________________________________________________________________

TOTAL ESTIMATED ON-SITE ATTENDANCE: _________  TOTAL PARTICIPATION: ________________

SPECIFIC REQUESTS/COMMENTS: ______________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

TO ALLOW ADEQUATE TIME FOR REQUEST TO BE REVIEWED, PLEASE SUBMIT AT LEAST 60 DAYS PRIOR TO EVENT. KDFWR NOT RESPONSIBLE FOR SHIPPING OR DELIVERY COST OF MATERIALS.

FOR KDFWR OFFICE USE ONLY:
REFERRED TO: ____________________________  ACTION TAKEN: ____________________________

NUMBER OF PROMOTIONAL ITEMS GIVEN: _______  DATE SENT OUT: ____________________________

ESTIMATED COST: $________

ESTIMATED COST: $________