

DONATION REQUEST FORM



Today's Date:

Organization Information

Organization:	<input type="text"/>
Address:	<input type="text"/>
City/State:	<input type="text"/>
Zip Code:	<input type="text"/>
Phone:	<input type="text"/>
E-mail:	<input type="text"/>

The Hangar Restaurant & Cinema
1602 S. Main St.
Maryville, Missouri
64468
Phone: 660-582-7225
www.hangar1.com

Contact Person

Name:	<input type="text"/>
Address:	<input type="text"/>
City/State:	<input type="text"/>
Zip Code:	<input type="text"/>
Phone:	<input type="text"/>
E-mail:	<input type="text"/>

Event Information

Date of Event:	<input type="text"/>
Name of Event:	<input type="text"/>
Event Location:	<input type="text"/>
Expected Attendance:	<input type="text"/>

How will the donation be used?

- Live Auction Silent Auction Door Prize Raffle Other

If "Other", please explain.

- I have attached documentation of my event to this form.
 I will describe the event in detail in the space provided below.

- I am aware of the Hangar Restaurant & Cinema Donation Request Policy.

Print Name _____

Signature _____

HANGAR USE ONLY