

CHARITY REQUEST FORM

Application for Charities or Person to Solicit Donations

Please provide as much information about your organization/business as possible and we will contact you if we have any questions. All requests are subject to approval by Bulls i Toy.

	Date of Application	
About the Chari	ty Organization	
Address		
		Zip
Phone Number		
E-Mail		
Website		
Do you have the charity's	s permission to solicit donations	s on it's behalf? Yes No
Name & contact informat	ion of the person at the charity	who approved this solicitation:
Name		
E-Mail	PI	hone
Federal EIN		
Is this a 501(c)(3) Organi	zation? Yes No	
How long has the Organi	zation been in operation?	
Is the Organization in cor	npliance with all filing requirem	ents of the Internal Revenue Service
and the state regulators?	Yes No	
Purpose of Organization:		

About You or Your Business Individual's Name Business Name _____ Is your business one of the following: School Church Hospital Do you reside in the United States? Yes No Business or Personal Address _____ City _____ State ____ Zip ____ Business or Personal Phone Number ______ Business or Personal E-Mail Business or Personal Website ____ Is there a certain event you are requesting a donation for? **About The Request** What date(s) would you like to receive your donation? _____ Have you previously requested a donation from our company? Lagrange Yes What type(s) of product(s) are you requesting? What quantity of items are you requesting? U 0-50 Units 51-100 Units 100+ Units Are there limitations to what product type or material you can accept? How will the product be dispersed from the charity or business? Please provide any details: