

DONATION REQUEST FORM

Please note: Our Charitable Donation Policy states that "all donations are for the purpose of providing assistance within the community in which we operate"

Date of Application: _____

Name of organization: _____

Address: _____ City: _____ Zip : _____

Telephone number: _____ Fax Number: _____

Web address: _____

Email: _____

Applicant's Name: _____ Phone number: _____

Name of President/Chairperson _____

Phone Number: _____

Total amount of donation requested: _____

Name of event: _____ Date of event _____

1) Is your organization recognized by the DCS as a Charitable Organization Yes () No ()

Charitable registration #: _____ CT# _____ FEIN# _____

2) Are you authorized by DCS to issue a tax receipt? Yes () No ()

3) How long has your organization been in existence? _____

4) Please specify the purpose (s) of your organization: _____

5) What will the donation be used for? _____

6) Please add any other comments you feel would assist management of Gator or Stormy Hill Harley-Davidson in coming to a decision to choose your organization: _____

7) How will a contribution from Gator or Stormy Hill Harley-Davidson be acknowledged or recognized by your organization : _____

Please submit this completed application form, along with brochures, financial statements and any other material that that would be helpful for our review of your request to :

Gator Harley-Davidson 1745 Hwy 441 Leesburg, Fl 34748 352-787-8050, fax 352-787-4839

Stormy Hill Harley-Davidson 2480 S Hwy 27, Clermont, Fl 34711 352-243-7111, fax 352-243-5811

(By submitting this request and receiving any donation (s) you are accepting responsibility that this donation is going to the above named cause and not to be used or given to anyone else)

Authorized signature of representative _____

PRINT NAME _____

Date request received: _____ By: _____

Accepted: _____ Denied: _____ Donation Value: \$ _____