Main Street Inn Donation Request Form * 4-6 WEEKS LEAD TIME REQUIRED ON ALL DONATION REQUESTS

Name of organization:	
Organization's Website	
Address	
Contact name:	Contact phone:
Contact e-mail:	
Event date:	Type of Event
Approximate number of people	e attending your event:
Type of Donation (circle one):	Option 1 – Donated Certificate \$75 Option 2 – Donated/Purchased Certificate
What are the aims and objectiv	es of your organization?
Who is your target audience?	
Who are your other funding pa	rtners (if applicable)?
	e recognized for our participation at your event? ed on your website, brochure, t-shirts, etc.?

How did you hear about the Main Street Inn?

Please email this form, your organization's tax form and a list of the Board of Directors (if applicable) to: kathy@mainstreetinnparkville.com

