

DONATION REQUEST FORM

OFFICE USE ONLY

Donated item ____

Certificate number(s)

Organization information:	
Organization Name	
Tax ID # Organization/Event Website	
Address	
Do you have a connection to the shooting industry? Yes / No If so, explain	
Contact Name Contact Phone Number	
Contact Email Address	
Donation Requested:	
What type of donation are you requesting?	
How will the donation be used?	
Is this donation for a specific event? Yes / No Event Date	
If so, please proved a short description of the event (required)	
Will Cherokee Firearms' Logo/Name be printed or listed in material?	
Expected Attendance Ticket Price	e
In order for your request to be considered, please filled out form <u>completely</u> . Additional info ma	ıy be added.
Important information regarding donation requests:	
* Please allow up to 2 weeks for request to be considered. No phone calls please.	
* Due to the volume of requests we receive, we are unable to fulfill every request. (For swe typically give priority to our local elementary, middle school, and high school.)	school groups,
* If your request can be fulfilled, we will contact you via the email or phone provided.	

* All donations granted will be available for pick up at Cherokee Firearms, 1500 W. College, Spfd. 65806

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Please return by fax (417-868-8014) or by email (debbie@cherokeefirearms.com)