



MODESTO HOG CHAPTER # 257

Non-Profit Donation Consideration Request

Date Submitted: _____ Submitted by: _____

Organization Requesting Consideration: _____

Name: _____ Non-Profit Tax I.D. # _____

Address: _____

City: _____ Zip: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Amount Requested for Consideration: _____

Describe what the donation will be used for: _____

Tell us about this organization: _____

Deadline to submit request: _____

Date Board will decide on contribution: _____

Amount Donated: _____ Date Disbursed: _____

Check # _____ Approved by: _____

Title: _____

Mail to: 500 N. Carpenter Rd., Modesto, CA., 95351