**TITLE WAVE BOOKS**

**DONATION REQUEST FORM**

Please complete and email to [info@wavebooks.co](mailto:info@wavebooks.co) or drop off at the front counters.

Title Wave is committed to promoting literacy and reading in our community, and we want to donate our books and gift certificates to groups with the same goals. We support organizations that include:

* Children’s charities
* Events or groups that promote reading and literacy
* Local arts organizations (particularly if book-related)
* People who would not normally have access to books

Title Wave is NOT able to consider donation requests for the following:

* Activities or programs not directly related to the above causes
* For-profit organizations of any kind
* Religious groups or churches, except for very literacy-specific purposes
* Sponsorships of teams or individuals (sports, travel, uniforms, class or group trips or activities, study abroad, etc.)
* Third-party fundraising or solicitation

Please submit a completed Donation Request Form to us at least 3 weeks in ad-vance of your donation deadline. We will be in touch with your contact person ONLY if we are interested in making a donation. We know there are many valuable groups doing important and wonderful things in our community, and we regret that Title Wave is not able to honor every request submitted to us. If you do not hear back from us, it means we are not able to grant your request at this time. Thank you!

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose or Goal of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Donation Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_