



CHARITABLE DONATION REQUEST FORM

All of the following information is required in order for Heritage Hill Nursery, Inc. to consider your request. Forms missing information will automatically be excluded.

Organization: _____ Date: _____

Organization's Board President: _____

Organization's Donation Contact Person: _____ Title: _____

Website Address: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Please make sure to submit the following information along with this form:

- Organization's Mission Statement
- Copy of organizational tax exempt, 501(c)3 status letter issued by IRS
- List of current board members for organization requesting donation

What goods and/or services does the organization provide to the community? _____

What county directly benefits from either the goods and/or services being provided? _____

How will the donation that is being requested, be used? _____

What kind of recognition will Heritage Hill Nursery, Inc. receive, if any? _____

What type of donation is being requested? *(Please circle one)*

Monetary *(Checks will be sent* Whom should the check be made payable? _____
directly to the organization)
or

Donated Product Whom will be responsible for picking up the product? _____
(Organization is responsible for picking up donated product during business hours)

By what date is the donation needed? _____

Request forms submitted less than 30 days from the donation required date and/or incompleting forms and/or forms missing required supporting documents will not be considered.

Signature of Organizations President or Vice President: _____