



# Donation Request Form

5470 E. Lincoln Hwy, Merrillville, IN 46410 Phone: 219-940-1140 Email: info@chicagolandpopcorn.com

Please print clearly and return this completed form at least 60 days prior to the event date to allow your request to be fairly processed. From **October 1st to January 31st**, requests may take longer for us to process due to the increased Holiday Season traffic and an overabundance of other inquires. During this time, we greatly appreciate your patience.

**If a donation is granted, this authorizes ChicagoLand Popcorn, LLC to use the organization's name as a donation recipient in any of ChicagoLand Popcorn, LLC advertising.**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Website \_\_\_\_\_

Name and Title If Person Making This Request \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

What is the purpose of your organization? \_\_\_\_\_

Is this a for-profit or nonprofit organization?  for-profit  nonprofit Tax Id \_\_\_\_\_

Will a current copy of your mailing list be available to us?  yes  no

Have you received previous donations from us?  yes  no When? \_\_\_\_\_

Are you a customer of our company?  yes  no How long? \_\_\_\_\_

Is this organization a customer of our company?  yes  no How long? \_\_\_\_\_

If the organization is not a customer, what prompted the solicitor to request a contribution from ChicagoLand Popcorn, LLC??

Are other businesses being contacted with this or a similar request also? \_\_\_\_\_

What kind of donation are you looking for? \_\_\_\_\_

How will you be using it? \_\_\_\_\_

Will specific mention be made of our support?  yes  no If yes, how? \_\_\_\_\_

Place of Event \_\_\_\_\_

Who will be attending? \_\_\_\_\_ How many will attend? \_\_\_\_\_

Date of the Event \_\_\_\_\_ Date Donation Required By \_\_\_\_\_

Where do we mail the certificate? Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Their Phone # \_\_\_\_\_

**SUBMISSION DATE**