

## DONATION REQUEST FORM

## 2017-2018

Thank you for your interest in collaborating with the Texas Stars and the Texas Stars Foundation. In order to begin the process of evaluating your request, please provide us with some additional information about your organization and upcoming event. Due to the large amount of requests we receive, we are unable to fulfill any donation requests outside of the central Texas area. Your request <u>must be received at least 4 weeks prior to your submission deadline</u>. <u>Donations must be picked up at the H-E-B Center</u>. Email Donation Request Forms to <u>Foundation@TexasStars.com</u> or Fax to 512.600.5020

## **Organization Information**

Organization Name		Organization Mission
Organization Contact	Position	
Contact Phone ()	_ Contact Email	
Fax Number ()	Organization Address	
City State Zip	501(c)(3) Status Yes No EIN	
Have you received a donation fror	m the Texas Stars before? Yes No If yes, explain	n
Event Information		
Event Name	Event Locati	on
Deadline for Submission /	/ Estimated Attendance at Event	Event Date / /
Who will benefit from this event?	(Please include geographic area)	
Will you be advertising or listing s	ponsors in any newsletters/bulletins, etc? Yes N	lo
Will your organization issue recei	pts for any items donated? Yes No Is your e	vent recurring? Yes No
How will any donated items be us	ed?	
look for a response until the deadlin	or posters to your reply. <u>Due to the high levels of don</u> <u>ne for submission date.</u> If you mention our organizatio by to <u>Foundation@TexasStars.com</u> for our records. Th the opportunity to improve our community. <b>n Pickup</b>	on in promotional materials, after-event
Name of Recipient	Recipient Signature	Date //
Item Received	Qty. of Tickets	