

Requesting Organization:

## Saginaw Chippewa Indian Tribe

## Department of Recreation Eagles Nest Gym



Tribal Operations 7070 E. Broadway Mount Pleasant MI, 48858

## DONATION REQUEST FORM

Address:

Request Date:		Event Date:		
Tax ID:		Phone Number:		
Contact Name:		Email Address:	Relationship to Organization:	
Type Of Donation(select one):		Donation(s) will be used for:		
	In-Kind			
	External			
	Internal			
<b>DESCRIPTION OF REQUEST</b> Please list item(s) and quantities here				
Item(s)		Quantity	Dollar Value	Total
			Total Cost	
			Value:	
X				
Acknowledgement Signature (Requester)				
Recreation Office Use Or	ıly			
Total Cost Value		Expiration Date (If needed)		
Recreation Staff Signature (received by) Additional Notes:				
Recreation Manager Signature (approved by)				