

Culver Booster Club

Donation Request Form

Team/Organization Name: _____

Name of Requestor: _____ Phone Number: _____

Email Address: _____

Mailing Address: _____

Please Describe How the Donation Will Be Used:

If your donation request is approved, please indicate how you would prefer to receive the donation:

Check to Requestor Mail Check Hold Check

Drop check off at District Office Other _____

Requestor Signature

Date

Booster Club Decision:

Approved Denied

Signature, Booster Club President

Date: _____