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DONATION REQUEST FORM

ASTAC Donation requests require this form to be completed and submitted at least 30 days prior to the event date.
The contact person will be notified if the request is approved.

Date: _____

Organization Name: _____

Organization Mailing Address: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

1. Type of Donation Requested:

- a. Cash Door Prize(s) Other (please specify)

Note: Cash donations require a W9 along with this completed form.

2. Has ASTAC donated to your organization in the past? Yes No

3. Date donation request is needed: _____

4. How will the donation be used? How will it benefit the people in the area ASTAC serves?

5. Will ASTAC be recognized for the donation? If yes, please explain how.

****For ASTAC USE ONLY ****

ASTAC Official Approval: _____ Date: _____

Donation Provided: _____