



4300 B St. Suite 501 Anchorage, AK 99503 Phone: 1-800-478-6409 Fax: 907-563-3394 Email: [info@astac.net](mailto:info@astac.net)

### 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:**

Cash  Door Prize(s)  Other(Please Specify)

(Cash donations require a W-9 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 \*\***

Approval of General Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Donation Provided: \_\_\_\_\_