REQUEST FOR CORPORATE ASSISTANCE/DONATION

Stakeholder Name: _____

Stakeholder's Telephone Number: _____

Stakeholder's Email Address: _____

Date of Event: _____

Describe the Event: (include how this applies to the LADD M,V,V or provides an opportunity to advocate for the people or educate the community)

_____

_____

_____

_____

What assistance is being requested: _____

_____

I have requested a donation/assistance per the LADD's Corporate Giving Policy. I understand a request does not guarantee that I will receive a donation/assistance and decisions are made based on making the greatest impact with limited resources.

_____ _____
Signature of Stakeholder Date

_____ _____
Director of Business Date

_____ _____
Executive Director Date

Instructions for dispersing funds: _____

_____

_____

_____