

## **Clifton Hollow Golf Club**

W12166 820th Ave River Falls, WI 54022 715-425-9781 www.cliftonhollow.com

## **DONATION REQUEST**

Please fill out this form and return it to <a href="mike@cliftonhollow.com">mike@cliftonhollow.com</a> with DONATION REQUEST as the subject or mail to our listed physical address. Since Clifton Hollow GC receives so many donation requests, we unfortunately cannot contribute to each cause. We limit our donations to supporting our local community. Please keep in mind that we do not contribute to political organizations/campaigns. If you have an event flyer/brochure, please include that with your request. We will respond by email either approving or declining your request within two weeks of submittal. Incomplete or illegible forms will be immediately declined.

Today's date			
CONTACT DETAILS			
Name			
Phone		please note w	vhether cell/home/work
Email			
Physical Address (for mailing donati	on)		
Street			
City	State		
BENEFITTING GROUP/ORGANIZATI			
Name			
What is the group/organization's missi		is the purpo	se of fundraiser?
EVENT INFORMATION			
Event Name			· · · · · · · · · · · · · · · · · · ·
Event Date & Time			
Event Location (name & city)			
Estimated number of guests			
What type of donation are you reques	sting?		
FOR CLIFTON HOLLOW GC USE	C	)approved	Odeclined
Date received	Date proces	hass	
Date mailed/picked up Donation provided			
Dollation provided			