



Print Donation Request Form

Organization Information

Organization: _____

Website: _____ Phone: _____

Address: _____

What is the mission of this organization? _____

Is this a non-profit organization? _____ Is this organization an Affiliate Member of the ACBV? _____

Has this organization received a donation from the ACBV before? _____

How will the Arts Council be recognized for this donation? _____

Contact Information

Contact Name: _____ Phone: _____

E-Mail: _____ Address: _____

Event Information

Event Name: _____ Event Date: _____

Short description of your event including how many people it will impact and goals: _____

What will the donation be used for? (Ex: auction item, door prize) _____

When is the donation needed? _____

Who will pick up donation? _____

Donation requests must be received according to the schedule below. All donation requests will be reviewed by the ACBV Board.

Donation Request Schedule

Event Date:

January 1 – March 31

April 1 – June 30

July 1 – September 30

October 1 – December 31

Request Deadline:

November 30

February 28

May 31

August 31