



## COMMUNITY INVOLVEMENT REQUEST FORM

**PLEASE NOTE: ALLOW ONE WEEK MINIMUM NOTICE FOR DONATION (S) REQUESTED**

### **Donor Information (please print or type)**

<b>Date of Your Request</b>	
<b>Organization Name</b>	
<b>Organization Address</b>	
<b>Is this a Not-For-Profit Organization?</b>	
<b>If yes, please provide tax-exempt EIN number</b>	
<b>Organization Mission</b>	
<b>Event Name</b>	
<b>Date of Your Event</b>	
<b>Location of Event</b>	
<b>Number of anticipated attendees</b>	
<b>What item(s) are you requesting for donation?</b>	
<b>How will the donation be used?</b>	
<b>How will Challenger be recognized at your event?</b>	
<b>Have you requested donations from Challenger Learning Center of NWI in the past?</b>	

### **Indicate a Contact Person**

**Name:**

**Phone:**

**Email:**

Please fill out and email back to [amanda@clcnwi.com](mailto:amanda@clcnwi.com) or fax to (219) 989-3256 Attn: Donation Request. If your request is fulfilled, you will receive your donation at least 10 days prior to the event.