



COMMUNITY INVOLVEMENT REQUEST FORM

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

Donor Information (please print or type)

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

Indicate a Contact Person

Name:
Phone:
Email:

Please fill out and email back to bates@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.