

# NINOS, INC.

## DONATION LETTER REQUEST FORM

Please print and fill out completely. Incomplete form will be returned.

Center: \_\_\_\_\_ Date: \_\_\_\_\_

The only person authorized to ask for/receive donation is the Area Manager/EHS Coordinator.  
Remember: No one is authorized to ask for monetary/cash donations.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Section I

<b>Donor Business Name &amp; Address:</b>		
_____		
_____		
_____		
_____	_____	_____
City	State	Zip Code
<b>Donor Business Contact Person &amp; Title:</b>		
(Full name & title)		
_____		
_____		
<b>Donor Business Phone &amp; Fax:</b>		
( )	( )	
Phone	Fax	

### Section II

<b>Type of activity or event:</b>	
_____	
<b>Purpose of activity or event:</b>	
_____	
_____	
<b>Date of activity or event:</b>	<b>Time:</b>
_____	_____ (If applicable)
<b>Item(s) Requested/Quantity:</b>	
_____ /	
_____ /	
_____ /	
_____ /	

Please forward letter by: ☐ mail ☐ fax ☐ courier ☐ other: \_\_\_\_\_

Area Manager/EHS Coordinator's initials of accuracy: \_\_\_\_\_ Date sent with courier: \_\_\_\_\_

#### Office Use Only:

Date Received: \_\_\_\_\_ Completed by: \_\_\_\_\_ Completed Date: \_\_\_\_\_

Date sent for signature: \_\_\_\_\_ Date received after signature: \_\_\_\_\_

Submitted by: ☐ mail ☐ fax ☐ courier ☐ other: \_\_\_\_\_ Date: \_\_\_\_\_

Keep pink copy for your records

(3 part NCR paper)

Fam. Serv. 2016