## **Donation Request Form**

Donation requests will be considered for charitable events within 60 miles of Autumn Ridge Golf Club.

Please return this request form at least 30 days prior to the day of your event.

If your event is chosen – you will be contacted via email

## PLEASE PRINT

<b>Application Type:</b>		
	Is their an event related to this request? Yes No Will Autumn Ridge be featured in an ad or signage with this request? Yes	. No
	Has Autumn Ridge donated to the organization/event in the past? Yes	
Personal Request I	Information:	
	Title:	
	First Name:	
	Last Name:	
	Address:	
	City:	
	State:	
	Postal Code:	
	Phone Number:	
	E-Mail Address:	
Organization Requ	uest Information: Organization Type:	
	Organization Name:	
	Organization Street Name:	
	City:	
	State:	
	Postal Code:	
	Contact Name:	
	Contact's Job Title:	
	Phone Number:	
	E-Mail Address:	

<b>Events Request</b>	Information:
_	Event Name:
	Event Location:
	Event Address:
	City:
	State:
	Postal Code:
Type of Donatio	
	How many people will be attending the event?
	How will this request be used at the event?
If Your Event Is	When would you stop by to pick up your donation request?
	Would you consider hosting a charitable golf outing for fund raising? Yes No
Additional Requ	iest Information: (Complete <u>all</u> fields in this section)
	lef overview below describing the event and the reasons for asking Autumn Ridge Golf ation. Summary should be limited to 100 words or less.
<del></del>	

Do not send your request by email. Please mail to:



Autumn Ridge Golf Club Attn: Donation Request One Straight Drive Valders, WI 54245