



Stout Craft Co. Donation Request Form

Please allow 4 weeks for time to review. An email will be received once the request form has been reviewed.

Organization: _____ Date Submitted: _____

Organization Contact Person: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Organization Purpose: _____

Is your organization a registered 501(c)(3)? _____ Tax ID Number: _____

Event: _____

Date: _____ Time: _____ Location: _____

Purpose: _____

Date Needed: _____

Have you received a donation before? _____

If yes, what did you receive? _____

Why Type of Contribution are you Seeking?

_____ Monetary - \$ _____

_____ Gift Certificates for Raffles & Prizes

_____ Event Space Donation

_____ Team Sponsor

How will this donation be used: _____

To whom should the check be made payable: _____

What kind of recognition will the business receive, if any: _____

Please include any additional flyers and information with this request form

Pick Up Location: Stout Craft Co – 1501 N Broadway St, Menomonie, WI 54757

Person Picking Up Donation: _____

Mail Request To:

Email Request To:

Stout Craft Co.
Attn: Donation Request
1501 N Broadway St.
Menomonie WI 54757

jayouellette@kpmwi.com

- - - - - Office Use Only - - - - -

Donation Approved: _____ yes _____ no Approved By: _____ Date: _____

Given: _____