



2294 Grant Rd • Billings, MT 59102 • 406.294.9515

CHARITABLE DONATION REQUEST FORM

Date of Request: _____

Date Donation Needed: _____

Name of Charity: _____

Tax ID / Non-profit ID# _____

Point of Contact for Charity:

Name _____

Phone Number _____

E-mail Address _____

Description of Donation Requested:

Service _____

Product _____

Total \$ Amount _____

Requesting Employee's Name: _____

Manager Approval: _____

Donation Collected By: _____

Date Collected: _____