



## Donation Request Form

Welcome to the American EyeCare Request Inquiry. This will begin the process to review your needs and if and how American EyeCare can assist. Please complete all of the information as accurately as possible so that we can respond in a timely manner.

Following this completion of this inquiry, we require that you submit, on organizational letterhead, a formal request via fax (319-758-6241).

Please be advised that American EyeCare receives many donation requests each month. Unfortunately, the amount of donations requested each month greatly exceeds the donation budget. We do set aside a designated amount of money and goods each year to be used for the purpose of assisting worthy organizations in the community. Our Donation Committee takes into account many factors when reviewing donation requests. We ask that all organizations remember that due to the high volume of requests we receive, we are simply not able to fund every request.

Thank you and we look forward to working with you.

1. Organization Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Contact Person: \_\_\_\_\_
  - a. Title with Organization: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_
6. Fax Number: \_\_\_\_\_
7. Is this a 501(c) 3 organization? \_\_\_\_\_

-Please provide a copy of your government 501(c) 3 certificate with this form.
8. Name of event: \_\_\_\_\_
9. Date of event: \_\_\_\_\_
10. Approximate number of people attending: \_\_\_\_\_
11. Please describe how the donation will be used and the impact it will make on people's lives: \_\_\_\_\_  
\_\_\_\_\_
12. What is your organization's mission? \_\_\_\_\_  
\_\_\_\_\_
13. What will the donation be used for? \_\_\_\_\_
14. Please tell us about your event, including number of years, décor, sponsors, etc. (this is your opportunity to 'sell' your event): \_\_\_\_\_  
\_\_\_\_\_
15. Please tell us about your marketing plan: \_\_\_\_\_
16. Please tell us about your organization: \_\_\_\_\_
  - a. What programs and/or services does your organization provide? \_\_\_\_\_  
\_\_\_\_\_
  - b. Approximately how many people take advantage of services offered? \_\_\_\_\_
17. Have you requested donations from American EyeCare in the past? If yes, please Explain. \_\_\_\_\_  
\_\_\_\_\_

For internal use only: APP \_\_\_\_\_ DN \_\_\_\_\_ DATE \_\_\_\_\_