

Donation Request Form

Date: ____/____/____

Organization Name: _____

Organization URL: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone: _____

Name, Date and Description of Event or Activity:

Description of services provided and community served:

How much is being requested and what will the money be used for (be as specific as possible):

Please attach any documentation that may explain the event, organization or how the money will be used.
Ex: event flyer, organization brochure or event budget.

Please submit this form and any supporting documentation to St Joseph Parish Office Attn: Angie Carlson
100 S 9th Street, Springfield, NE 68059. Deadline is the 2nd Tuesday of each month.