

— *Shane's* —  
GOURMET CATERING

**DONATION REQUEST FORM**

447 East Livingston Avenue  
Columbus, Ohio 43215

614-358-5555 Phone 614-358-7777 Fax

Date submitted: \_\_\_\_\_ Date of event: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact & Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Donation request (Food, Gift Certificate, Funds/Sponsorship, Other – please explain):

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How will donation requested benefit our community?

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Please attach a copy of your organization's 501(c)3 designation.

*Thank you!*