



Donation Request

Organization Name: _____

Organization Address: _____
Street Address

City State Zip

Check One: 501c3 501c4 **If 501c4, will any profit from this donation be used to support political activity?** _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Today's Date: _____

Item/Amount Requested: _____

Purpose of this Request: _____

Date of event (if applicable): _____

For office use only:	
Date request received _____	Date notified _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, amount awarded: _____
Visitor Services Manager Signature _____	

Please return this form to: Children's Museum of Fond du Lac
75 W. Scott Street
Fond du Lac, WI 54935