



CHARITABLE DONATION REQUEST FORM

Please submit all charitable donation requests to:

Attn: Donation Committee/Casey Mitchell  
9500 Sandhill Crane Dr.  
Palm Beach Gardens, FL 33410  
[cmitchell@pbgfl.com](mailto:cmitchell@pbgfl.com)

Name of Organization/Individual: \_\_\_\_\_

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

Phone # \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Is your organization 501c3? \_\_\_\_\_ **Please attach 501c3 paperwork when returned to club.**

**Community benefit**

Animal  Military  Community Involvement  School  Medical

Children  Other \_\_\_\_\_

**What is being requested?**

\_\_\_\_\_  
\_\_\_\_\_

**If you are hosting an event, what is the event and when will it take place?**

\_\_\_\_\_  
\_\_\_\_\_

**Mission statement for your organization:**

\_\_\_\_\_  
\_\_\_\_\_

**Generally, how will the funds or donation be used?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use only:

Date Received \_\_\_\_\_

Employee Initials \_\_\_\_\_