

RETURN THIS COMPLETED FORM TO:

ATTN: TURN 2 MEMORABILIA

EMAIL: MAIL@TURN2FOUNDATION.ORG

FAX: 212.475.3378

DONATION REQUEST FORM

EVENT DATE: _____

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

EMAIL: _____

MISSION: _____

EVENT DETAILS: _____

501C (3) TAX #: _____

SHIPPING ADDRESS: _____

FEDEx/UPS ACCOUNT #: _____ **ZIP CODE FOR ACCT:** _____

OR CREDIT CARD #: _____ **EXP/SEC CODE:** _____

**NAME ON CARD &
BILLING ADDRESS:** _____

FOR OFFICE USE ONLY

ITEM & VALUE: _____

APPROVED BY: _____ **DATE:** _____