



MSU Club of West Michigan Donation Request Form

Please fill out the information below and submit your application to kurtmgraham@yahoo.com

REQUESTING ORGANIZATION: _____

CONTACT NAME: _____ PHONE: () _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

DOES THE REQUESTING ORGANIZATION HAVE 501(c)(3) STATUS? YES NO

WHAT IS YOUR REQUESTED DONATION? _____

IS THIS REQUEST IN ASSOCIATION WITH A PARTICULAR EVENT? YES NO

IF SO, WHEN IS THE EVENT? _____

PLEASE PROVIDE A DESCRIPTION OF THE EVENT OR ATTACH EVENT INFORMATION:

HOW WILL THIS DONATION BE USED? _____

HAS THE MSU CLUB CONTRIBUTED TO THE REQUESTING ORGANIZATION IN THE PAST?

YES NO

IF YES, PLEASE DESCRIBE: _____

PLEASE DESCRIBE HOW YOUR REQUEST RELATES TO THE FOLLOWING MISSION STATEMENT:

“To promote and support Michigan State University in West Michigan through events and activities that drive friend and fund raising.”

HAS YOUR ORGANIZATION EVER CONTRIBUTED, SPONSORED, OR PARTICIPATED IN AN EVENT HOSTED BY THE MSU CLUB OF WEST MICHIGAN? IF YES, PLEASE DESCRIBE:

The undersigned hereby certifies that a) the information in this application and supported documents are correct to the best of his/her knowledge; and b) funds will be used for the projects outlined in the application and agreed by both parties.

X _____

SIGNATURE

DATE