God's Creation I Am Inc.

Being Defined Only by God, Not Man.

DONATION REQUEST FORM

For events only

DATE:_____

ORGANIZATION INFORMATION

NAME:_____

EIN/Tax ID#:_____
501 (c) 3 status: ____Exempt ____ Non-Exempt
Mailing Address City State Zip:
_____ _____
_____
Phone:_____
Organization Website Contact Email Address:_____
_____ _____
Name of Contact Person Title or Relationship to Organization Contact Phone (if different)
Has this organization received any God's Creation I Am donation in the past? Yes No
If Yes, when?_____

EVENT INFORMATION

Event Name Date, Time and Place of Event:
_____
_____
Purpose of the Event/Items needed:
_____
_____
Request Deadline: _____
Number of person's expected in attendance: _____
Mail or fax this completed form: God's Creation I Am, Inc. Corporate Office Fax: 800-651-8078
Attn: Donation Committee

FOR God's Creation I Am, Inc. USE ONLY

Date Received_____
Status _____
Authorized By _____
Donation_____
GC#_____
Delivered _____
Notes_____
_____

All donations to be used strictly for charitable purposes, no resale.