



Village of Wayne City Donation Request Form

Please Fill Out All Information Completely

Date: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone: _____

Description of services provided and community served: _____

Donation Seeking: _____ Date funds are needed: _____

Date of the Event: _____

Name and Description of Event or Activity and how funds will be used: _____

Audience Profile: Please be as specific as possible. _____

Will specific mention be made of the Village of Wayne City support? _____ Yes _____ No

If yes, how? _____

Has the Village of Wayne City provided a donation in the past? _____ Yes _____ No

For Office Use Only

Date Received: _____

Approved By: _____ Date: _____

Value: _____