**DONATION / SPONSORSHIP REQUEST** 

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| --- |
| **Requester’s Name:**  |
| **Today’s Date:**  |
| **Organization Name:**  |
| **501 c3 number:**   |
| **Address:**  |
| **City:**  **State:** **Zip:**   |
| **Is this request in exchange for advertising of Garcia’s Kitchen (Please note we do not give cash donations)?** **If yes, please describe:**   |
| **Please give a brief description for the purpose of your request:**  |
| **Date Needed:**  |
| **Contact Phone:** **E-mail:**  |
| **Signature: Date:**  |
| **Please contact our office at 505-242-3211 with any questions, or email vicki@garciaskitchen.com** **OFFICE INFORMATION**: |
| Total Retail Value of Donation:  |
| Itemized Retail of Donation:  |
| Account Number to be Charged # 204 Advertising #205 Marketing #207 Donation |
| Vicki’s Authorization: Date:  |
|  |
| Date Submitted to Accounting: Date Contacted Recipient:  |
| Signature for donation pickup:  |  Date of donation pickup:  |
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|  |  |

 2023 ZZ Donation Request Form 7-8-23