



DONATION REQUEST FORM

Donation requests must be received at least one week prior to the date of your event.

Organization Name: _____

Contact Name: _____

Contact Email: _____ Contact Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website: _____ Tax ID #: _____

Is the organization a 501(c)3 non-profit? Yes _____ No _____ If no, describe the benefits of your organization: _____

Event Name: _____

Event Date: _____ Event Time: _____ Event Location: _____

Event Description: _____

Item to be used for: (silent auction, raffle price, fundraiser, etc.) _____

Please describe how our donation will be used and who will benefit from it: _____

Please return the completed form and written request on your organization's letterhead to:

Defender Outdoors Shooting Center

Attn: Holly Duffin

2900 Shotts St.

Fort Worth, TX 76107

817.935.8377

OFFICE USE ONLY

Date Received: _____ Donation Request Filled: Yes / No

Donated Item(s): _____ Donated Value: _____

Signature: _____ Date: _____