



BURKE DISTRIBUTING CORPORATION

Application for Donation (required)

Have we donated to or sponsored your organization before? _____ List the year(s): _____

If requesting sponsorship of an event, please attach all pertinent information to this completed application.

If requesting monetary donation: Amount requested _____

What percentage of monetary donation goes directly to your cause? _____% (required)

If requesting product donation: Amount requested _____

If requesting non-alcoholic raffle gift donation: Number needed _____

Event name _____ Event date _____ Event location _____

Organization information (required):

Legal Name of Organization _____

Administrative/Shipping Address _____

City, State, Zip _____ Phone # _____ Fax Number _____

Website Address _____ Tax Status* _____ Tax ID Number _____

Briefly describe the organization's mission _____

Individual Contact Information (required):

Name of Contact Person _____ Title _____

Direct Dial Phone # _____ Email Address _____

IMPORTANT: Please attach to this application all information required in Donation Policy on previous page.

All donation requests must be submitted to donations@burkedist.com