



DONATION REQUEST APPLICATION

Attn: Marketing Department
The Wilson Agency
3000 A St. #400
Anchorage, AK 99503

Name of Organization: _____ 501(c)(3) ID: _____

Executive Director (name & phone): _____

Physical Address: _____

Mailing Address: _____

Contact Person for this request: _____

Phone and email: _____

Submission Date of Request: _____ Date Donation Needed: _____

Mission Statement of your Organization: _____

Specific amounts/items requested: _____

Describe how and when the funds will be used: _____

Will any promotion or advertising be linked to the funds? If so, describe the extent. _____

Please return this completed application to the address above.

For internal use only:

Client

Health Care Related

Employee Sponsored