



kalas *foundation*

DONATION REQUEST FORM

Organization Name _____

Address _____

Is the organization registered 501(c)(3)? Required _____

Contact _____

Phone Number _____

Mission:

Need Request: Time/manpower _____ hours

Amount _____ dollars

Project:

Who will benefit?

Estimate how many people will benefit from donation:

Additional information you would like to provide (Please attach fliers/brochures)

Are you a relative of a Kalas employee? Or is there any conflict of interest we should be aware of?
