

## DONATION REQUEST FORM

Please send this completed form **at least 2 weeks** prior to the event.

Gemstone Climbing Center – Donation Request – 135 5<sup>th</sup> Ave. S., Twin Falls, ID

Email to [kim@gemstoneclimbing.rocks](mailto:kim@gemstoneclimbing.rocks)

Date received (required): \_\_\_\_\_

Organization Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

What are you ideally requesting as the donation or sponsorship?

\_\_\_\_\_  
\_\_\_\_\_

How will the donation be used? (Silent Auction, Fundraiser, Prize, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Who is your primary audience for event? (kids of what age, adults of what age, interests, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Event Description: (Please describe below or attach an event description)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_