

Maple Leaf Committee

Donation Request Form

Today's Date:_____

Organization Name:_____

Description:_____

Contact Name:_____

Address:_____

Phone:_____

Email:_____

Is your organization a not-for-profit? Y N

Organization Federal Tax ID (if not-for-profit)_____

Number of years in existence:_____

Number of people benefitting from your organization:_____

Does your organization have a previous history with the Maple Leaf Festival Committee?
Y N

If Yes, please provide a brief description:

Is this request on behalf of an event? Y N

Event Date:_____

Type of Event (Fundraiser, banquet, 5K, etc.)_____

How often does this event occur?_____

Amount Requested:_____

Please submit this form via email to volunteers@mapleleaffestival.com within 30 days of the MLF.