



DONATION REQUEST FORM

Date _____

If you have a donation request, please fill in this form with the requested information and email to info@pressplaylounge.com. Please include any pamphlets, brochures or donation request details that can help with the request.

- **REQUESTOR INFORMATION**

- REQUESTOR NAME: _____
- PHONE NUMBER: _____

- **ORGANIZATION INFORMATION**

- ORGANIZATION NAME: _____
- PHONE NUMBER: _____
- EMAIL: _____
- ADDRESS: _____
- 5013C APPROVED? YES NO
 - PLEASE PROVIDE 5013C NUMBER OR TAX ID: _____

- **REASON FOR REQUEST**

- WHAT WILL THE DONATION REQUEST BE USED FOR?

- WHAT IS THE DATE OF THE EVENT: _____
- WHAT IS THE DONATION "NEED BY" DATE? _____

----- **END OF FORM QUESTIONS** -----

This section will be completed by Press Play Gaming Lounge Management. If the request is approved, you will receive an email with a date the donation request can be scheduled for pick up.

- HAS THIS FORM BEEN REVIEWED BY PPGL MANAGEMENT? YES NO
- HAS THIS DONATION BEEN APPROVED? YES NO IF APPROVED, BY WHOM? _____
- DATE OF APPROVAL _____
- WHAT WILL THIS ORGANIZATION RECEIVE? CHOOSE OPTION BELOW:
 - FREE ATTRACTION PLAY, HOW MANY? _____ GIFT CARD, HOW MUCH? _____
- WHAT IS THE APPROVAL CODE: _____
- HAS DONATION BEEN PICKED UP? _____ DATE OF PICKUP? _____