



## Donation Request Form

A copy of your organization's **501(c)(3), W-9 and flyer** for the event *(if applicable)* should be **included** with this **form**. If approved, donation will **only be released** when we have received a copy of the required information. Please email your **request form** and **required information** to **REDCares@TABASCO.com** once complete.

**Date:** \_\_\_\_\_ **Tax ID#:** *(If applicable)* \_\_\_\_\_

**Name of organization:** \_\_\_\_\_

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

**Contact person:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Phone number(s):** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Provide a brief statement about the purpose of your group:** *(Mission statement of organization, etc.)*

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**Date of event:** \_\_\_\_\_

**Donation requested:** \_\_\_\_\_

**Date donation needed:** \_\_\_\_\_

**Purpose of donation:**

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**How will the funds raised from this event benefit our community?** *(If applicable)*

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**Will there be recognition of this donation? If so, how will McIlhenny Company be recognized for its donation?** *(If applicable)*

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