

# GREATER GRAND ISLAND SPORTS COUNCIL

## Donation Request Form

(Form must be submitted electronically to: [director@visitgrandisland.com](mailto:director@visitgrandisland.com))

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Organization Name: \_\_\_\_\_

Organization URL: \_\_\_\_\_

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

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

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

Contact Title: \_\_\_\_\_

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

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

Description of services provided by organization and community served:

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Name and Description of Event or Activity:

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Date of Activity: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Anticipated Number of Participants: \_\_\_\_\_

Short description of the aims, objectives, and beneficiaries of the event. Include potential benefits to the greater Grand Island/Hall County area:

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Type of assistance being requested:

\_\_\_\_\_ Cash contribution. Amount requested \_\_\_\_\_ Need by \_\_\_\_\_

\_\_\_\_\_ Volunteers. Type \_\_\_\_\_

\_\_\_\_\_ Event consulting (Community/Logistical support)

\_\_\_\_\_  
Signature of organizational representative

Internal use only

Request No. \_\_\_\_\_ Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Contribution amount \_\_\_\_\_ Check No. \_\_\_\_\_ sent on \_\_\_\_\_

Conditions: \_\_\_\_\_

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