



Donation Request Form

Wellington Implement credits its success largely to the customers who have chosen to do business with us year after year. Many of these customers volunteer and take part in a variety of organizations that give back to the communities within which they serve. Wellington Implement firmly believes in this type of support and annually sets aside funds for this purpose. If you wish your organization to be considered for future contributions, please fill out this form and return it to Patti Young at Wellington Implement via mail at **P.O. Box 10, Wellington, OH 44090** or fax at **(440) 647-5440**.

Contact Information

Organization name: _____ Mailing address: _____

Phone: _____ Fax: _____

Requisitioner name: _____ Mailing address: _____

Phone: _____ Fax: _____

Information on your Organization

Briefly describe your organization: _____

For what purpose are you soliciting contributions? _____

Describe how your organization supports the local community: _____

How will Wellington Implement benefit from supporting your organization? _____

Details of your Request

Amount or items requested: _____

What date must you receive the contribution? _____

Are you requesting a one-time contribution or recurring? _____

Is your organization have 401c3 exempt status? _____

Have we previously contributed to your organization? _____

Internal Use

Date request received _____ Received by _____ Recommendation _____

Decision: **Approved**__ **Declined**__