



# Western Nevada Supply Donation Form

**Payable Name / Name of Charity:** \_\_\_\_\_

**Requester Name:** \_\_\_\_\_

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

**Tax ID:** \_\_\_\_\_

**Organization Phone Number:** \_\_\_\_\_

**Requester Phone Number:** \_\_\_\_\_

**Organization Email Address:** \_\_\_\_\_

**Requesters Email Address:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**If Applicable Date of Event:** \_\_\_\_\_

**Type of Request:**

**In kind** ☐

**Cash** ☐

**Email your completed form to [Chogan@goblue team.com](mailto:Chogan@goblue team.com)**

**With your request please include a copy of your 501c3 determination letter and a letter on letterhead outlining your charitable cause.**