

## Donation Request Application

Please Select Type of Donation Requested:		Advertisement	Gift Certificate
Event at Mr. V's	Cash Donation	Other (please specify).	·
Organization Name:			-
Contact Name:		Contact Phone Number	er:
Contact e-Mail:			
Address:			
			<u> </u>
Name of Your Event:			
Purpose of Event:			
Date Preferred:		(	Mon / Tues / Wed)
Non-Profit Tax ID#:			

Please allow up to 2 weeks for your application to be approved, and allow a representative of Mr. V's to contact you for follow-up. Any monetary donations will be made payable to, and mailed directly to the organization and address above unless specified otherwise.

Complete all information on this form for donation consideration, (Tax ID# or proof of 501 (c)3 status) required. Print this form and fax to (208) 453-8656 or e-mail completed .pdf to us at: robb@mrvsrestaurant.com.

If you have selected "other" as your requested donation or have additional information regarding your charity or event, promotional opportunities as a sponsor, or any additional materials to assist in consideration for donation please attach them to your application.

Thank you!