



DONATION REQUEST FORM

Date: _____ Name of Organization: _____

Mailing Address: _____

Street Address: _____

Contact Person: _____

Email Address: _____

Phone: _____ Website Address: _____

501(c)3 Tax Exemption Number (required): _____

Description of Recipient Organization: _____

Name of Event: _____ Date of Event: _____

Donation Requested: _____

Purpose of Donation: _____

Describe how your organization benefits Grand County or Granby: _____

How will you increase the public's awareness of Granby Ranch? _____

Please list names of persons you know who are residents or employees of Granby Ranch or members of our Grand County Community: _____

Is there anything else about your organization or event you would like to share with us? _____