



ROCKFORD PARK DISTRICT DONATION REQUEST FORM

Please fill out all areas of the form completely to be considered for a donation. Thank you!

1. Requestor's name _____ 2. Today's date _____

3. Event/Program date(s) _____

4. Date the donation is needed by _____ (a minimum 3-week notice is needed for processing)

5. Daytime phone number _____ 6. Alternate phone number _____

7. E-mail address _____

YES, sign me up for the Park District's e-newsletter that includes Park District promotions, events, registrations, and announcements!

8. Organization/group name seeking donations _____

9. Fundraising event/program name _____

10. Location of event/progam _____

11. Age group donation is for _____ 12. Additional information _____

13. How donation will be used (examples: auction, raffle, door prizes, etc.) _____

hit tab for next line

14. Donation to be mailed to: Name _____

Street Address _____

City _____ State _____ Zip _____

PLEASE CHOOSE ONE OF THREE WAYS TO SUBMIT THE COMPLETED DONATION REQUEST FORM:

via E-mail Please type your information into the above form.

[CLICK HERE](#) if you use Microsoft Outlook (or a similar email program). The form will automatically attach itself.

If you do not use Outlook (or similar program) please save this form to your computer, and rename the file with

your first and last name (example: Jane_Smith.pdf). Attach and e-mail to: **donations@rockfordparkdistrict.org**

or FAX 815-969-4088

or PRINT and Mail to RPD: Donation Requests, Attn: Kerry Glavin, 401 S Main St, STE 116 Rockford, IL 61101

QUESTIONS? Contact Kerry at 815-987-8690

Area below this line is for the Park District Marketing office use only

Qtys/Types/Control Numbers

FCQ/T _____ MWW _____

P _____ G _____

W/P _____ FCQ/T _____

S _____

PWORLD _____ G _____

2F1MW _____ GC _____

_____ GB _____

RPD Sampler Package

RPD Community Package

Card Mailed/Dlvr'd

SI	SF	CM	CE	CH	MI	FD
VR	TR	PR	CO	SP	DT	OR