

Raven Café Donation Request

Organization Name: _____ Submission Date: _____

Contact Name: _____ Phone Number _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Event Name: _____

Event Date: _____

How will donation certificates be used? (*silent auction, fundraiser, prize, etc.*) _____

Event Description: _____

PLEASE ATTACH A DESCRIPTION ON ORGANIZATION LETTERHEAD OR EVENT FLYER.

Donations that are approved will be notified by phone and can be picked up at the bar.

*Allow for **2 weeks** for request to be addressed and/or filled.*