

**HT ENTERPRISES INC.
DONATION REQUISITION FORM**

INCOMPLETE FORMS WILL BE RETURNED

ORGANIZATION NAME: _____
ADDRESS: _____
CITY, ST, ZIP: _____
SHIP TO ADDRESS *(if different)*: _____

REQUEST DATE: _____
CONTACT NAME: _____
CONTACT PHONE: _____
CONTACT FAX: _____
CONTACT EMAIL: _____

ARE YOU ABLE TO PURCHASE PRODUCT AT A DISCOUNTED RATE? YES or NO

CUSTOMER PICK UP: YES or NO
PICK UP DATE: _____

IMPORTANT NOTICE:
Event Flyer and/or Event Website must be attached with this form

TAX EXEMPT NUMBER: _____
(Must include a copy of IRS Determination Letter)

EVENT NAME: _____
EVENT LOCATION: _____
EVENT DATE(S): _____

OF YEARS EVENT HAS TAKEN PLACE? _____

EXPECTED EVENT ATTENDENCE (Circle One):
1-50 OR 51-100 OR 101-150 OR 151-UP

DOES THE ORGANIZATION HAVE A WEBSITE AND/OR DOES THE EVENT HAVE A WEBSITE? (Circle One): YES or NO *(Please list web address below).*

Organization: _____ and/or Event: _____

CAN OUR BANNER BE DISPLAYED AT EVENT? (Circle One): YES or NO
WILL OUR COMPANY LOGO AND/OR WEBSITE (LINK) BE ADDED TO THE EVENT WEBSITE? (Circle One): YES or NO
ARE EVENT FLYERS AVAILABLE *(Attach Flyer)* AND WILL OUR LOGO/WEBSITE BE ADDED BEFORE DISTRIBUTION? (Circle One): YES or NO

DATE ITEMS ARE NEEDED: _____

*Please allow at least 30 days to review, approve and process your donation request. We will contact you with questions.
Thank you - HT Enterprises Staff*

Print Name: _____

Signature: _____

DISCLAIMER: ALL DONATION REQUESTS WILL BE CONSIDERED FOR APPROVAL AND HT ENTERPRISES HAS THE RIGHT TO DENY ANY DONATION REQUEST