



Donation Request Form

To be considered for a donation, please complete the form below and email to Donations@GameCrazeParty.com. Please allow a minimum of 45 business days to process. All fields are required. Donation requests for events that take place May – September will only be approved for pick up or in conjunction with a paid event.

Contact Information

Name _____

Email _____

Phone Number _____

Fax _____

Name of Organization _____

Street Address _____

City _____ State _____ Zip Code _____

Is your organization a non-profit or public tax-exempt organization as defined under Section 501(c)(3) of the Internal Revenue Code? Yes No

Federal Tax I.D. Number ____ - _____

Event Information

Event Date: ____/____/20____

Venue _____

Street Address _____

City _____ State _____ Zip Code _____

Estimated number of guests that will attend this event _____

Tell us about the Event:

Requested item(s) or amount:

Marketing

Event web site: _____

Facebook/Social media sites: _____

Describe your marketing campaign, radio, print, digital, etc..

Should your request be approved, describe how Game Craze will be promoted:
