



Please provide all requested information, including attachments.
Only complete applications will be considered.

A cover letter on the stationary of the nonprofit organization must be attached to all applications.

DONATION REQUEST FORM

Company name: _____

Contact person: _____

Address: _____

Phone Number: _____

Email address: _____

**Donation amount
requesting:** _____

**Date donation
needed by:** _____

Explanation of how donation will be used:

Print and fill out and bring to the downtown location

**Enerbase will be in contact with you regarding your donation request
within 3-6 weeks.**

Thank you

Approved amount: _____

By: _____