



Donation Request Application

For Individuals Requesting Assistance

Please type or print all information.

Your Name _____ Date _____

Name of intended recipient if different then yours _____

Your relationship to intended recipient _____

Contact Address _____

Email _____

Phone (day) _____ (evening) _____

Please describe what type of contribution is needed: _____

Please describe how this contribution will be used: _____

Please describe the ways in which you have attempted to assist the individual with their needs before contacting Go Green for the Cause (GGC) and or other organizations you have contacted for support:

Please feel free to share with GGC any additional information that may assist us in our decision to provide requested support:

By signing this form I acknowledge that the above information is accurate and that any donation will be used strictly for above described purpose(s).

Print Name

Date

Signature