



COMMUNITY GIVING REQUEST FORM

Form must be filled out completely for your request to be considered

This form must be completed for any donation request made to Shawnee Cycle Plaza

Organization _____

Requestor Name _____

Mailing Address _____

City/State/Zip _____

Day Phone _____ Evening Phone _____

Fax _____ Email _____

Organization Tax ID # _____

DESCRIPTION OF DONATION REQUESTED _____

Event Title _____

Event Date _____ # in Attendance at Event _____ Cost of Entry to Event _____

Signature _____ Today's Date _____

PLEASE PROVIDE A LETTER OF TAX EXEMPTION FROM THE INTERNAL REVENUE SERVICE (IRS) INDICATING THAT YOUR ORGANIZATION IS A CHARITABLE ORGANIZATION AS DEFINED BY THE IRS

All requests must be submitted on this form for consideration. It is recommended that your organization attach documents to support your request and donation purposes, such as event advertisement or invitation.

Gail's Harley-Davidson is a proud supporter of local community events and charities. We attempt to fulfill as many of the numerous requests we receive for donations as we can. **We do not make cash donations.**

**SUBMIT TO: Dee Austin
Gail's Harley- Davidson
5900 E. 150 Hwy.
Grandview, MO. 64030
PH -816-966-2222**

To be completed by: Dee Austin/ Shawnee Cycle Plaza

Approved by _____

Donation sent (date) _____ Value _____

COPY TO ACCOUNTING ONCE COMPLETED