



225 W North St - P.O. Box 98 Albion, ID 83311
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Donation Request Form

Date of Application: _____ Donation Date Needed: _____

Date of Event: _____ Type of Event: _____

Type of Request: Amount: _____ Description: _____
Check Good/Service _____

Mail Address for Check: _____

Name of Organization: _____

Contact Person: _____ Phone: _____ Email: _____

Describe your organization and it's purpose: _____

If granted, how will you use this contribution: _____

Who will benefit directly from this donation: _____

Will ATC be recognized for the donation? If yes, explain how: _____
