



Priory Cares Program

Request for Donation

Name of Organization: _____

Contact Person: _____

Address: _____

Telephone Number: _____

E-Mail: _____

Item, Donation or Sponsorship Requested: _____

Is the Organization 501(c)(3) Tax Exempt? _____

Name of Event: _____

Date of Event: _____

Brief Description of How Funds Raised by the Event are to be Used and how the Organization Helps the Community Overall:
