



LICKING COUNTY FAMILY YMCA

470 W. Church St.

Newark, Ohio 43055

fax: 740-349-8535

email: lcfymca@lcfymca.org

Donation Request Form

Please Allow 30 Days for Processing

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

- ➔ **Forms must be filled out completely to be considered**
- ➔ **One donation per event**
- ➔ **Must be a non-profit, federally recognized 501C-3 or community based organization**
- ➔ **Organization must be located in the Licking County**

Organization Name		Contact Name	Date Submitted
Organization Address			Tax Exempt # or Tax ID #
City	State	Zip	Daytime Phone Number

Donation Request	What is the purpose/event?	Event Date
	Donation Requested?	
	How will participants know the YMCA is involved?	

The Donation Request Process Begins When This Completed Form is Returned

Request Received By	Received Date	Request Status (Circle) APPROVE DENY	Manager Name
Product to Donate (If available list product codes and quantities)			Manager Signature
Other Information			
Name of Person Receiving Donation	Signature		Donation Received Date