

Last Chance Bar & Grill

DONATION REQUEST

Please print neatly. Submission of this form does not guarantee a donation. Last Chance management will review your request and contact you with their decision.

All requests must be submitted at least 2 weeks in advance.

Request Date: ____ / ____ / 20____ Donation Needed By: ____ / ____ / 20____

Organization/Event Name:

Date(s) of Event: ____ / ____ / 20____ to ____ / ____ / 20____

Event Type (circle one): School Support Non-Profit Support Athletic Boosters Military Benefit
Sporting Event/Tournament

Number of Participants or Attendees: _____

Tell us about your event (List details such as location, mission, purpose, etc.):

What type of donation is requested? _____

Value Requested:

\$

Why do you want Last Chance Bar & Grill to be a part of your event?

Contact Name:

Phone #: (____) _____

E-mail:

Address to mail donation to: Residence or Business (circle one and include name of business below)

City:

State:

Zip:

Please return this completed form to the restaurant or e-mail it to lastchancebarandgrill@yahoo.com