



76 SOUTH LAURA ST, SUITE 202  
JACKSONVILLE, FL 32202

## Charitable Contribution Request Form

Please complete this form at least two months prior to your event and email it to the Elite Parking Services of America, Inc. accounting department: [accounts@eliteparkingsoa.com](mailto:accounts@eliteparkingsoa.com). Please write or type legibly.

Name of non-profit organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name of event: \_\_\_\_\_

Date of event: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

(Tax ID# must be included for request to be processed)

Contribution requested (e.g. funds, food, services):

\_\_\_\_\_

Estimated number of attendees at event or people receiving donation:

Describe the demographic composition of the anticipated attendees (e.g. geographic location, male/female, age, special interests – sports, education, child welfare, etc.)

\_\_\_\_\_

What publicity is planned for the event? Will Elite Parking Services be included in publicity (e.g. press releases, interviews)?

\_\_\_\_\_

What opportunities will be available to display the Elite Parking Services logo?

\_\_\_\_\_

\_\_\_\_\_

**Please note:** You will be contacted about your request; due to the number of requests received on a daily basis, calls cannot be accepted to check their status.