CAL POLY POMONA FOUNDATION, INC.

"Quality Service Supporting Quality Education"

DONATION REQUEST FORM

Revised: 05/05/2018

PLEASE FILL OUT AND EMAIL

Date of Request_____

Name of Event_____ **Date of Event**_____

Name of Organization_____

Contact Person(s)_____

Day Time Phone Number_____ **Email** _____

Donation requested from which Foundation auxiliary? _____
(Bookstore/Dining Services /Kellogg West/Administration/Horticulture/Farm Store)

Donation Requested **(no prior approval needed for up to $25.00 value)**_____

_____

Date Donation Required_____

Reason for Request (be specific)_____

_____

_____

Have you received a donation from any unit in the past academic year? Yes_____ **No**_____

Are you requesting donations from other campus organizations or businesses for this event?
No_____ **Yes**_____ **If yes, from who**_____

Completed by Cal Poly Pomona Foundation, Inc.

Auxiliary Manager's Recommendation **Approval**_____ **Denied**_____
(Please Initial)
Foundation Administration's Recommendation **Approval**_____ **Denied**_____
(Please initial)

Unit Providing Donation_____

Donation Value: ***Specific items to be donated, and their value in dollars (this includes food cost and labor)***

$_____

_____

Posted to Gift Register ☐

Donation Request Forms must be completed to receive donated items to yglane@cpp.edu

- Requests for Donations should be limited to "one" Foundation auxiliary unit per activity/function.

Clear Form **Submit**