

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 (Please Initial) Approval _____ Denied _____

Foundation Administration's Recommendation (Please initial) Approval _____ Denied _____

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 Jdennis@cpp.edu

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