

CAL POLY POMONA FOUNDATION, INC.  
"Quality Service Supporting Quality Education"

DONATION REQUEST FORM

Revised: 11/9/2016

PLEASE FILL OUT AND EMAIL

Date of Request \_\_\_\_\_

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Name of Organization \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

Day Time Telephone Number \_\_\_\_\_

Donation being 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 [amcloughlin@cpp.edu](mailto:amcloughlin@cpp.edu)

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