Gannon Associates Donation Request Form

Kindly submit to marketing@gannonassociates.com or **315 S. Main Street Athens, PA 18810 Attn: Marketing Department** ten (10) working days prior to the date the funds are requested for.

Request Date:_____ Date Funds Needed For:_____

Amount Requested:_____

Use Of Requested Funds: _____

Delivery Method:

☐ Please Mail to recipient ☐ Hand Deliver to requestor

Recipient/Organization: _____

501 C3#: _____

Address:_____

Contact Name: _____

Phone: _____ Email:_____

How will Gannon Associates be acknowledged for this donation?

_____

Is a Gannon Associates employee affiliated with the recipient/organization?

☐ Yes ☐ No If Yes, Who? _____

Is the recipient a customer?

☐ Yes ☐ No

For Marketing Purposes Only

Date Reviewed:

Approved?

Funds Dispersed?

Notes: