

M & S HARLEY-DAVIDSON COMMUNITY GIVING REQUEST FORM

Form must be filled out completely for your request to be considered

ORGANIZATION: _____

CONTACT NAME: _____

ORGANIZATION MAILING ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE #: _____ **FAX #:** _____

ORGANIZATION FEDERAL TAX ID#: _____
(Attach proof of organization's tax exemption status as determined by IRS)

BRIEF DESCRIPTION OF ORGANIZATION: _____

DESCRIPTION OF DONATION REQUESTED: _____

PURPOSE OF THE DONATION REQUEST: _____

HOW WILL M & S HARLEY-DAVIDSON BE RECOGNIZED FOR THIS DONATION:

EVENT TITLE/DESCRIPTION: _____
(Attach event promotional materials)

EVENT LOCATION: _____

EVENT DATE: _____ **COST OF ENTRY TO EVENT:** _____

CONTACT SIGNATURE: _____ **DATE:** _____

SUBMIT TO:

M & S Harley-Davidson
c/o Marketing Department
160 Falling Spring Road
Chambersburg, PA 17202
(717) 709-9650; Fax (717) 709-9654

TO BE COMPLETED BY M & S HARLEY-DAVIDSON

APPROVED BY: _____ **DONATION SENT DATE:** ____/____/____

DONATION VALUE: \$ _____ **INVENTORY CONTROL COMPLETED BY:** _____

DESCRIPTION OF DONATION: _____

COPY TO ACCOUNTING ONCE COMPLETED