



114 Forest Ave

Glen Cove, NY

(516)801-3931

Donation Request Form

Name of Organization:

Address:

Tax Exempt/Non for Profit? yes/no

Tax ID or EID Number:

Purpose of Request and Description of Event?

Does your organization hold any other events or fundraisers throughout the year that are more relevant towards children?

What will the funds raised be used for?

Who is the Administrator of the Event?

Name:

Phone Number:

All requests will be kept on file for 3 years. We review all of our requests in January and allocate a budget for the year. We prioritize our funds towards events that are centered around children. We will let you know if your organization qualifies. Unfortunately, only local organizations will be considered.