



211 Robbins St.  
P.O. Box 360  
Molalla, OR 97038  
(503) 829-1100

## Donation Request Form for Community/Economic Development

Today's Date \_\_\_\_\_ Daytime Phone (     ) \_\_\_\_\_

Contact Name \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Amount Requested \$ \_\_\_\_\_

**On the lines provided below, write a brief description of your organization and your request.**

---

---

---

**On the next set of lines, write a brief statement on how the MCC Membership will benefit from this donation.**

---

---

---

**What type of public relations will be used to promote this event?** \_\_\_\_\_

**Where will the sponsored event or program take place?** \_\_\_\_\_

**How are funds and donations other than your request from MCC being raised?** \_\_\_\_\_

---

**If approved please mail check to:**

---

---

---

**Please address all completed forms to the *Marketing Department* and return to Molalla Communications, address located at the top of this form.**