

Request for Donation

From

East Wis Shotgun Sports

Shooting Club Name: _____

Mailing Address: _____

Contact Name: _____

Phone Number/email: _____

Nominated Recipient Information

Nominated Recipient: _____

Type of Club or Organization _____

Reason for Nomination:

Activities that Merit Donation:

Date of Nomination: _____

Nominated By (Print Clearly):

Affiliation with Nominated Organization: