

## CHARITABLE DONATION REQUEST FORM

Mesker Park Zoo & Botanic Garden is pleased to consider your request for a donation for your upcoming event. To be eligible for consideration, you must be a qualified 501(c)(3) nonprofit organization located in the Evansville area. Due to the large number of requests received, please allow at least 45 days to process all requests. All requests must be made in writing and include this completed form. If your request is approved, the donation will be sent via U.S. mail.

(PLEASE PRI	INT)				
Organization	Name:				
Organization	Address:				
	City		ST	ZIP _	
Organization Website:			Tax ID #:		
Name of Event:			Event Date:		
Contact Person:			_ Title/Position:		
Telephone #: Email:					
Address to se	end donation (if different from organ	ization's ac	ldress):		
Has any part	of your organization received a dona	ation from I	Mesker P	ark Zoo in the p	east 12 months?
Yes	_No				
How will our	donation be used?				
Sand the same	upleted form one of the following way				
	ganization's formal letter of request on th	•	ion's offici	al letterhead and	the Tax ID number or
the IRS determ		Г			
Mail:	Mesker Park Zoo & Botanic Garden ATTN: Donation Request 1545 Mesker Park Drive Evansville, IN 47720	n	INTERNAL USE ONLY:		
			Date Revi	lewed:	
				Approved	Declined
Fax:	812-435-6140			Donat	ion Mailed
I dA:	012 400 0140		Tickets Is	sued:	
Email:	marketing@meskerparkzoo.com				