PROVIDENCE BRUINS
DONATION REQUEST FORM

Event Date: _____

Organization: _____

Contact: _____

Phone: ( ) _____ **Fax: ( )** _____

Email: _____

Description of Event: _____

Expected Number of People: _____

Federal Tax ID # : _____

Donation Item Requesting : Live Auction Silent Auction Raffle Prize

Return Address: _____
_____

Terms and Conditions:

1. Requests can be mailed to : Providence Bruins
1 LaSalle Square
Providence, RI 02903
ATTN: Community Relations

Or faxed to : (401) 273-5004

2. A letter on organizational letterhead must accompany this form.

3. All Non-profit organizations must provide the Federal Tax ID number in the space provided,
For profit organization requests will be filled on a first come – first serve basis.

4. Please submit at least 4 weeks prior to date of event.

Signature X_____ Date: _____

For Office Use Only:

Date Received: _____ Date Sent : _____

Donated Item: _____