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# Cassopolis/Vandalia Area

Chamber of Commerce

P.O. Box 314, Cassopolis, MI 49031

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## **DONATION REQUEST FORM**

Organization Name: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Donation Amount Requested: \_\_\_\_\_

Donation Deadline Date: \_\_\_\_\_

Type of Donation (Brief Description): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Internal Use Only)

Date Board Approved: \_\_\_\_\_

**\*\*Return completed form to [info@cassvanchamber.com](mailto:info@cassvanchamber.com) or mail to P.O. Box 314, Cassopolis, MI 49031\*\* (Approval time may vary)**