



**SHORE  
AQUATIC CENTER**

225 E. 5th St.  
360-775-2119  
www.sacpa.org

# Donation Request

Please fill out the below form and also include a copy of the flyer for event the donation will be used for, and/or letter supporting the upcoming event.

Name/Contact:

Organization:

Event:

Address:

Phone:

## X what items your organization is seeking

Gift Certificate \_\_\_\_\_

Free Swim Tokens \_\_\_\_\_

Rental Space \_\_\_\_\_

Date(s): \_\_\_\_\_ Times: \_\_\_\_\_ Space: \_\_\_\_\_

Date received:

Donation request approved:

Supporting documentation included:

Contact made to pick up donation: