



Donation Request

**SHORE
AQUATIC CENTER**

225 E. 5th St.

360-417-9767

www.sacpa.org

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:

Please mark the items your organization is seeking with an 'X'

Gift Certificate _____

Free Swim Tokens _____

Rental Space _____

Date(s): _____ Times: _____ Space: _____

Party

Date received:

Donation request approved:

Supporting documentation included:

Contact made to pick up donation: