



## Donation Request Form

Complete and return the form. Please include a copy of the event flyer the donation will be used for, and / or a letter of support.

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Please mark the items your organization is requesting.

**Gift Certificate:** Please circle your request.

12-Visit Adult

12-Visit Senior

12-Visit Family

Day Pass Adult

Day Pass Senior

Day Pass Family

**Free Swim Tokens:** \_\_\_\_\_

Amount: \_\_\_\_\_

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Staff Complete

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Received By:

Approved Denied

Date:

Required Documentation Attached: