



DONATION REQUEST FORM

Please complete the form below and return to Maribeth@TheCenturyHouse.com or mail to:
The Century House, ATTN: Maribeth, PO Box 1100, Latham, NY 12110

Date of Request _____

Organization Information

Name of Organization _____

Mailing Address _____

Phone # _____ Website _____

Is the organization non-profit? (If so, please provide copy of 501(c) determination letter) YES _____ NO _____

Requesting Individual's Information

Contact Name _____ Title _____

Contact Phone # _____ Contact Email _____

About Your Organization

What is the purpose of your organization? _____

Has the organization received a donation from us in the past? YES _____ NO _____

Does the organization do business with us (i.e. host events, reserve hotel rooms, etc.)? YES _____ NO _____

If no, would you like to be contacted about hosting an event with us? YES _____ NO _____

Donation Information

How will the donation be utilized? _____

(If applicable) Date of Event _____ Event Location _____

Date Donation is Required By _____

For Internal Use:

Received By _____ Approved _____ Declined _____