



Albuquerque Isotopes Donation Request Form

Organization Name: _____

Organization Address: _____

City, State, Zip Code: _____ 501 (C) (3)#: _____

Non-Profit Type: Religious ___ Educational ___ Charitable ___ Scientific ___ Literacy ___
Public Safety ___ Sports ___ Prevention of Cruelty to Animals/Children ___ Other ___

Contact Name: _____ Phone: _____

Contact E-mail _____

Event Name: _____

Event Date and Time: _____ Projected Attendance _____

Item To Be Used For (Door Prize, Silent Auction, Live Auction, Etc.): _____

For Office Use Only:

Date Received _____ Status: _____ Accepted _____ Declined

Called/or Reply Sent to Organization: _____ Date: _____

Item Donated: _____

Item Picked Up By: _____ Date: _____