



Charitable Contribution Request Form

Please fill out all information below. To ensure your request is filled in a timely manner, please provide a detailed explanation of the event and organization and how your charitable contribution will be used. Mail or fax this complete, signed form to:

DawgByte Productions
 Attn: Charitable Contributions
 P.O. Box 1211
 Proctorville, Ohio 45669
Fax: 1-888-845-3233

GROUP INFORMATION	
NAME OF GROUP/ORGANIZATION:	
STREET ADDRESS (to which the contribution can be mailed):	
CITY:	STATE:
ZIP CODE:	
TELEPHONE # (at which the representative can be reached):	FAX #:
REPRESENTATIVE NAME:	
REPRESENTATIVE E-MAIL ADDRESS:	
TAX-DEDUCTIBLE TAX IDENTIFICATION (TAX ID #):	

CONTRIBUTION INFORMATION

WHAT IS BEING REQUESTED? (Provide detailed explanation; attach information if applicable)

DATE OF EVENT:

DATE CONTRIBUTION IS REQUESTED BY:

DAWGBYTE PRODUCTIONS REPRESENTATIVE APPROACHED FOR DONATION:

REPRESENTATIVE SIGNATURE: _____

DATE: _____