



**LACEY SADOFF FOUNDATION**  
DONATION REQUEST FORM

**ORGANIZATION REQUESTING DONATION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**SOLICITOR'S NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**ORGANIZATION HAS 501C3 STATUS?** YES NO **EIN NUMBER** \_\_\_\_\_

**WHAT IS THE NATURE OF THE ORGANIZATION?** \_\_\_\_\_

**DOLLAR AMOUNT OR GIFT REQUESTED** \_\_\_\_\_ **DATE REQUESTED BY** \_\_\_\_\_

**FOR WHAT USE WILL THE DONATION BE DIRECTED?**

**SOLICITOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SOLICITOR'S POSITION WITH ORGANIZATION** \_\_\_\_\_

*This form along with any supporting documentation and 501C3 certification letter must be submitted a minimum of 90 days prior to the requested event or donation date. All materials should be submitted to: [Ben@laceysadoff.com](mailto:Ben@laceysadoff.com)*

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