

24 Broadway Street | Mt. Pleasant, SC | 29464 | 0:843.284.0257 | F:843.284.0258

## **Donation / Sponsorship Request Form**

All donation requests must be submitted at least 30 days prior to event/campaign deadline. Please complete form to the best of your ability and email to <a href="mailto:bobby@kickinchicken.com">bobby@kickinchicken.com</a> or fax to 843.284.0258. All requests submitted will be reviewed and followed up with a response.

ORGANIZATION INFORMATION Date Form Submitted:		Date Form Submitted:
Name of Organization:		
Address:		
Contact Name:	Website:	
mail: Phone:		
501-c(3) YES NO If yes, please provide number:		
Mission Statement of Organization (and/o	or descriptio	n of to whom this donation will benefit):
EVENT INFORMATION:		Event Date:
Event Name:	Event	Location:
Donation Request:		
Will The Kickin' Chicken be acknowledge	d? If yes, ho	w?
Which Kickin' Chicken location are you re	equesting fro	m:
•		m:
OFFICE USE ONLY:		•••••
DONATION REQUEST APPROVED:	YES NO	STAFF INITIALS:
OTHER COMMENTS:		

**KICKIN' CHICKEN LOCATIONS**