

# Last Chance Bar & Grill

## DONATION REQUEST

Please print neatly. Submission of this form does not guarantee a donation. Last Chance management will review your request and contact you with their decision.

All requests must be submitted at least 2 weeks in advance.

Request Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ Donation Needed By: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Organization/Event Name:

Date(s) of Event: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Event Type (circle one): School Support Non-Profit Support Athletic Boosters Military Benefit  
Sporting Event/Tournament

Number of Participants or Attendees: \_\_\_\_\_

Tell us about your event (List details such as location, mission, purpose, etc.):

What type of donation is requested? \_\_\_\_\_

Value Requested:

\$ \_\_\_\_\_

Why do you want Last Chance Bar & Grill to be a part of your event?

Contact Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Address to mail donation to: Residence or Business (circle one and include name of business below)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please return this completed form to the restaurant or e-mail it to lastchancebarandgrill@yahoo.com