



## CHARLOTTE CHECKERS DONATION REQUEST

NAME OF ORGANIZATION REQUESTING DONATION \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_ EVENT NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ CONTACT # \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS FOR DONATION TO BE SENT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### REQUIREMENTS OF REQUEST

1. Your request must be on your organization's letterhead.
2. Requests need to include the pertinent specifics of your organization's event (day & date, time, location, number in attendance, etc...).
3. Provide advance notice (4-5 weeks prior to the event is preferred).
4. The name of the contact person and where they can be reached.

### PLEASE MAIL TO:

Charlotte Checkers  
Attn: Donation  
210 East Trade Street E480 Charlotte,  
NC 28202  
- OR -

*Email to: Rachel Zaleznik at  
rzaleznik@gocheckers.com*

### FOR INTERNAL USE ONLY

DATE FULFILLED \_\_\_\_\_

ITEM SENT \_\_\_\_\_

ENTERED IN DB \_\_\_\_\_

