



Date: \_\_\_\_\_

## DONATION REQUEST FORM

Organization Name	
Address	
City, State, Zip	
Contact Person	
Email	
Telephone Number	

Amount of Request: \_\_\_\_\_

Does your request service a public purpose: YES or NO

Please describe your request:

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Approved by City Council: Yes \_\_\_\_\_ No \_\_\_\_\_

Date approved: \_\_\_\_\_

Return Completed form to Jenni Wida, City Clerk:

[jwida@stfrancismn.org](mailto:jwida@stfrancismn.org)

23340 Cree St NW

St. Francis, MN 55070