



## Non-Profit Request for Donation Application

Non-Profit Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_ Number of Years as Non-Profit: \_\_\_\_\_

Non-Profit #501 or Tax I.D. #: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

\_\_\_\_\_

List the Horse Council in your area: \_\_\_\_\_

Please describe how you intend on using the donation and how our product will be displayed or advertised:

\_\_\_\_\_

\_\_\_\_\_

### **Personal References & Recommendations:**

1) Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

### **Requested Item (limit one product):**

ITEM DESCRIPTION:	PART NUMBER:	SRP:

I certify the above information to be accurate to the best of my knowledge. I understand that completing this application does not necessarily entitle me to receive a product or a donation.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

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\*Donations are given solely at the discretion of IAM, LLC. \*Donated products do not include the cost of shipping.