



DONATION REQUEST FORM

Name of Organization:	
Address:	
City, State & Zip:	
Telephone Number:	
Website:	
Organization tax exempt ID number:	
Organization mission:	
Primary Contact:	
Contact Phone:	
Contact Email:	
Date(s) of Event:	
Location:	
Amount of donation requested:	
Estimated attendance:	
Donation beneficiary:	
Briefly describe event/purpose for donation	
Submit donation request in writing to:	Toyota of El Cajon 965 Arnele Ave. El Cajon, CA 92020 Attn: Donation Request