



DONATION REQUEST FORM

**Completion of this form serves only as a request and does not guarantee a donation.
Please submit requests at least 3 weeks prior to the event.**

Please fill out form completely!

Organization: _____

Type: (Please circle) School Charity Church Athletic Team Civic Other

Contact Name: _____ Contact Phone: _____

Contact Email Address: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

On-site Contact Name: _____ Phone (cell): _____

Event Name/Type of Event: _____

Event Date: _____ Event Time: From: _____ To: _____

Requesting: (Please circle)

Tickets

Other (please specify):

Autographed item

Event Sponsor(s): _____

Location/Address: _____

City: _____ State: _____ Zip: _____

Detailed Event Description: _____

Detailed Description of Energy Responsibilities: _____

Estimated Attendance: _____ Attendance Age Range: _____

Please return completed form to:
Iowa Energy – Community Relations
Attn: Randi Burrell
833 5th Avenue
Des Moines, IA 50309
Fax: (515) 564-8551