



# DONATION REQUEST FORM

Cycle City welcomes the opportunity to support our community and customers as best we can. Although there are many worthy causes to support, it is not possible for us to contribute to them all. We do, however, make an effort to support organizations within our community that support our rights to participate in motor sports or have a history of giving back to the community. Fundraisers and benefits for persons who have been customer of Cycle City and have come upon difficult times are also entitled to consideration on a case-by-case basis.

Upon receipt of this completed form, Cycle City will consider the request and respond within a two-week period. Our decisions will be based on the interests of our community and business and are not intended to determine the worthiness of a cause. Please fill out the remainder of this form completely, attach flyers or materials that have been created to support the cause and drop off at Cycle City or mail to the address listed below.

Name \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_

#### About your organization:

1. Is the organization a 501 (c)(3)? (Please submit copy of tax-free form) \_\_\_\_\_
2. Has it previously received a donation from Cycle City? \_\_\_\_\_
3. What is your relationship to the organization? \_\_\_\_\_
4. Who is the organization's contact person for the donation? \_\_\_\_\_
5. Contact person's phone number \_\_\_\_\_ Email \_\_\_\_\_

#### About donation:

1. What is the event at which the donation will be used? \_\_\_\_\_
2. What is the event's goal? \_\_\_\_\_
3. What is the exact donation you are seeking? \_\_\_\_\_
4. What will the donation be used for? \_\_\_\_\_
5. How many people do you expect to attend the event / how many people do you wish to serve? \_\_\_\_\_
6. How will the donors be recognized (at the event, prior, subsequent, etc)? \_\_\_\_\_

Please complete the information below in regards to the donation.

1. Date needed \_\_\_\_\_
2. Time needed \_\_\_\_\_
3. Who will pick up \_\_\_\_\_
4. Phone # \_\_\_\_\_

Please send this form to Cycle City Company Inc., Attn: Jeannie Niemeyer  
5600 Hwy 63 S Rochester, MN 55904 Fax: (507) 288-5973 [info@cyclecityrochester.com](mailto:info@cyclecityrochester.com)

Cycle City Use: Request Approved _____ Request respectfully declined _____ by _____ Date _____ Charge to Account _____
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