



Contribution Request Form



Name of Organization _____ Date _____
Address _____ City _____ State _____ Zip Code _____
Contact Person/Title _____ Contact Phone # (____) _____
Email _____ Organization Website Address _____

Describe your organization's mission: _____

Please describe your geographic area that is the focus of the service/support you provide: _____

Were you referred by an employee of The Branch Group companies?
Employee's name: _____

Please state the purpose for the contribution or a specific event, include date: _____

Amount of contribution requesting \$ _____ Please attach a copy of your 501(c)(3) letter.
For requests of \$2500 or more, please include a copy of your most current annual report.

Will The Branch Group, Inc. receive publicity as a sponsor/contributor?

Check all that apply:

- Signage Listing in Program Company Name on Clothing
Ad in Program Website Other (please specify) _____

Please include any additional information about your organization or event with a completed W-9 and submit to:
The Branch Group Inc. Attn: Contribution Committee, PO Box 40004 Roanoke, VA 24022
Email: BranchGives@Branchgroup.com

Office Use Only

Approval _____ Title _____ Date _____
Notify the organization _____
General Ledger Code _____ Date Check Needed _____
Check Request needs to be completed to process the check through AP.