

Donation Request Form

Please fill out this form completely and return to CHS for consideration in our donating to your club, organization or cause. All lines must be filled in for CHS to make a decision.

Name of group or organization	า				
Mailing Address					
Street Address					
Address Line 2					
City	Sta	ate / Province / Regio	n		
Purpose of donation/how fund	ls will be used				
Community impact (# of people, scale of project)					
CHS customer account # (if applicable)					
Person Requesting		Email			
Amount Requested:	mount Requested: Date Requested:		Date Fu	nds Needed:	