



Grand Haven Waterfront Holiday Inn
940 W. Savidge
Spring Lake, MI 49456
Attn: Janet Olah
jolah@higrandhaven.com

DONATION REQUEST FORM

The Grand Haven Waterfront Holiday Inn is dedicated to helping meet the needs of its local community. All donation requests will be reviewed monthly unless an "Emergency Need" request is made which will be reviewed on an as-need basis. All approved requests will be paid by gift certificate only. Please fill out this form **completely** and return to the address listed above. Type or print legibly with blue or black ink. Please be advised that requests for political contributions or donations to political causes will not be considered. **Due to the volume of requests we receive, we cannot honor specific product or service requests. Our donations are subject to what we have available at the time.**

Requestor Information: Please provide the requested information about the group requesting a donation.

Group Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

General Phone: _____ Fax: _____

General Email: _____

Is the organization a tax exempt 501(c) 3 non profit? Yes ___ No ___ Tax ID #: _____

Contact Person Information: Please provide the request information for the designated contact person.

First Name: _____ Last

Name: _____

Phone: Fax: _____

Position with the requesting
organization: _____

Are you authorized to request funds on behalf of the organization? ___ Yes ___ No

Event Information: Please provide the requested information about the fundraising event.

Name: _____

Event Date: _____

Donation Deadline: _____

How will the donation be used?

___ Silent Auction ___ Raffle ___ Live Auction ___ Other (specify) _____

Briefly describe the organization's primary purpose/mission (attach flyers, brochures, pamphlets, if available):

Has the Holiday Inn given to your organization in the previous 12 months? __Yes __No

By signing below, I (We) affirm that the information being provided is true and correct to the best of my (our) knowledge. I (We) also consent, should a donation be awarded, to the use of the Organization's name and other information, logo, photos of the Organization and its agents, etc. in any promotional material generated by The Grand Haven Waterfront Holiday Inn for their use. I (We) also consent to creating a Public Service Announcement (PSA) about the donation for local news outlets if so requested by the organization. I (We) also agree to provide a Tax Acknowledgement Letter for any donation given and provide evidence of our 501(c),3 status, if so requested by the organization. Proof of organization must accompany this form, a letter for request printed on company's letterhead. I (We) agree that this form and any additional information provided to The Grand Haven Waterfront Holiday Inn, about the Organization will be kept and not returned regardless of whether or not the request for donation is approved or declined.

Signature/Title of requestor: _____

Make gift certificate payable to: _____

Name/Address to be mailed to (if applicable): _____

- FOR ACCOUNTING USE ONLY-

Date request received: _____ Received By: _____

___ Approve ___ Decline Amount Awarded: \$ _____ Date: _____

___ Mailed ___ Picked up by: _____ Date: _____