

Donation Request Form



Date of request (mm/dd/yyyy):

Name of organization:

Address (street or P.O. Box):

City:

State:

Zip:

Organization telephone:

Fax:

Organization web site/Internet address:

Contact person: Name

Title

Contact person telephone:

Primary

Alternate

Fax:

Contact person email address:

Federal tax identification number*:

*(You are required to submit proof of 501(c)(3) status to be eligible)

Check type of service your organization provides (choose one):

Health and Human Services

Educational

Civic and Community

Arts and Culture

Environmental

Terms:

Employee volunteers necessary or requested? No Yes

How many?

What geographic area(s) does the organization serve?

(Continued on next page)

Describe the program/project/activity/event for which funds are being requested:
(If applicable, attach available brochures, program descriptions, etc.)

Date of event (mm/dd/yyyy):

Describe the nature of your request:

Has Bluegreen supported your organization in the past? (If yes, please describe when and how)

Please print, sign and date this request form. You must submit proof of your tax-exempt, nonprofit status for this request to be considered (provide 501 (c)(3) letter or other tax-exempt letter from the IRS).

Printed Name: _____

Signature: _____

Title: _____

Date: _____

You may submit this form online but you will also need to fax or mail this request form and documentation of nonprofit status to Bluegreen Corporation:

FAX TO:
Charitable Giving Committee
561.912.8002

MAIL TO:
Bluegreen Corporation
Attn: Charitable Giving Committee
4960 Conference Way North, Suite 100
Boca Raton, Florida 33431