



Irving Community Club

Donation Request Form

Type of Request: (circle one) **Individual** **Organization**

Tax Identification #: _____

501 C3 (if applicable): _____

Amount Requested: _____

Please indicate your purpose for this request:

Organization Name: _____

Your Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Signature: _____ Date: _____

Please mail form to: Irving Community Club, c/o Gen Hinnenkamp
PO Box 7042, Duluth, MN 55807