



Galileo Restaurant
1110 21st Street NW
Washington, DC 20036
202-331-9364 (fax)

Donation Request

This form must be fully completed and mailed or faxed to us at the address above for evaluation. Attach a brief letter on your organization's official letterhead, including its full name, address, phone and fax numbers. Due to the high volume of donation requests, applications are reviewed every 6 to 8 weeks. Please channel all correspondence through mail or fax.

Thank you for considering Galileo Restaurant as part of your fundraising efforts.

Date of request for donation: \_\_\_\_\_

Date of event: \_\_\_\_\_

Name of person requesting donation: \_\_\_\_\_

Date donation will be needed to be received by fundraiser (or you): \_\_\_\_\_

Group/Organization raising the funds: \_\_\_\_\_

Group representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact name at organization: \_\_\_\_\_

Type and size of donation requested: \_\_\_\_\_

Donation should be sent to: \_\_\_\_\_

Donation will be picked up on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.
(certificates can be mailed if requested, please provide an address if different from above)

Describe your fundraising event and how it will benefit the community: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the target market for guests attending your fundraiser: \_\_\_\_\_

\_\_\_\_\_

How will you be publicizing your event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any additional useful information about the charity this donation would benefit.