

Charitable Contribution Request Form

Organization requesting donation: _____

Website: _____

Contact person: _____

Address: _____

Phone Number: _____ Fax: _____

Email: _____

Organization Details

Please give a brief summary of the mission of your organization:

Please describe the size and makeup of your organization:

Briefly describe your organization's financial accountability practices:

Is your organization recognized as a 501.3(C) by the IRS?
If no, Conn's Hospitality Group, Inc. cannot consider request

Yes

No

Program/Event Details

Program/Event Name:

Date of event/program (If ongoing, detail the history and anticipated conclusion of program):

Brief description of program/event:

Who will benefit from the program/event?

What kind of support is being requested from Conn's Hospitality Group, Inc.?

What percentage of funds raised will stay in Springfield?

Any additional information you feel Conn's Hospitality Group, Inc. should know about the event: