LEISZLER OIL CO., INC. CONTRIBUTION REQUEST FORM

***This form must be filled out completely and legibly by the organization in order for the request to be given serious consideration.

Fax number: 785-632-6009, email: donations@leiszler.com, or mail to Leiszler Oil Co, Inc. Attn: Contributions Committee 8228 South Port

Drive Manhattan, KS 66502

Form Rev 9.13.17















Store Name:			Store #:	
-	Store	City		
Event/Organization Name (no abbreviations):				
Purpose/mission of the organization:				
	<u>.</u>			
Tax Exempt 501(c)3 : Yes or No Contact Person:				
Phone # with area code: E-Mail Address:				
How will the donation be used:				
Date of Event: Ad/Sponsor Deadline:		E-ma		
Deadline: Ad/Logo to: (Must be a minimum of 20 business days prior to date of event.)				
Logo placement:				
Check payable to:				
Mail contribution to:				
Name		ddress 1		
Address 2		C	City, State Zip	
Enter quantity of item(s) requested: (please specify the item and the specific amount you are requesting)				
	Drink coupons		Discount on gift cards	
	Raffle Item		\$10 gift card	
	Bag(s) of ice – Pick up Date/time:		\$25 gift card	
	Which Wich - Pick up date/time:		\$50 gift card	
	Pizza – Pick up date/time:		\$ Cash	
	Donuts – Pick up date/time:		Supplies	
	Box of Joe - Pick up date/time:		Sponsorship/Ads	
Other:				
COMPLETED FORM SERVES AS RECEIPT FOR TAX PURPOSES				
Process date: Vendor name:				
Employee initials:	Vendor #:			
Population:	Account #:			
Previous Year:	Store #:			
	Account Period:	Appro	oved by:	