LEISZLER OIL CO., INC. CONTRIBUTION REQUEST FORM

***This form must be filled out completely and legibly by the organization for the request to be given serious consideration. Fax number: 785-632-6009, email: <u>donations@leiszler.com</u>, or mail to Leiszler Oil Co, Inc. Attn: Contributions Committee 8228 South Port Drive, Manhattan KS 66502.

Form Rev 06/04/24

DIL COMPANY	Short Stop	PAPA JOHN'S	REFIE	kaen	DUNKIN!	TRANSPORT SERVICE INC.	
Store Name:	ore	Cit	/	Store #	t:		
50	ore	Ch	/				
Event/Organization Name	e (no abbreviations):						
Purpose/mission of the or	ganization:						
Tax Exempt 501(c)3: Yes or No Contact person:							
Phone # with area code: _	e # with area code: Email Address:						
How will the donation be	used:						
Date of Event:	Date of Event: Ad/Sponsor deadline:						
Email Ad/Logo to:							
	(Mus	t be a minimum of 20) business days pr	rior to date d	of event)		
Logo placement:							
Check payable to:							
Mail contribution to:							
Name					Address		
Address 2				City, State			
(Enter quantity of	f item(s) requested:	(please specify the i	tem and the spec	ific amount	you are requesting)		
Drink Coupons	I	Discount on gift car	ds				

Drink Coupons	Dis	scount on gift cards	
Raffle Item	Sp	onsorship/Ads	
\$10 gift card	Ba	g(s) of Ice	Pick up Date/Time:
\$25 gift card	Piz	za	Pick up Date/Time:
\$50 gift card	Do	nuts	Pick up Date/Time:
\$ Cash	Bo	x of Joe	Pick up Date/Time:
Supplies	Ot	ner:	

What recognition will we receive for our donation:

COMPLETED FORM SERVES AS A RECEIPT FOR TAX PURPOSES