

Hello,

Thank you for considering Timms Harley-Davidson as a possible donor for your organization or event.

As a result, we get an enormous number of requests for donations. To make the distributions fair and to help as many charitable organizations as possible, we request that you complete the attached form(s). Please be as detailed as possible.

Also, please note that monetary requests can be submitted once a year and a limited amount of merchandise is set aside for donations. We hope you are aware that we are not able to grant all requests due to such a high volume.

Timms Harley-Davidson will review these requests in a monthly committee meeting. Due to this fact, please submit your request at least **30-days before** the donations are needed.

Completed donation forms may be mailed, faxed or handed in to the receptionist at:

Timms Harley-Davidson Attn: Marketing & Promotions Dept. 4110 Clemson Blvd Anderson SC, 29621 Fax: (864) 226-2466 Email: info@timmsharley.com

You will be notified if your request is granted. Thank you in advance for your cooperation.

Sincerely,

Marketing Manager info@timmsharley.com



4110 Clemson Blvd Anderson, SC 29621 Phone: (864) 224-1531 – Fax: (864) 226-2466 www.timmsharley.com

## **Donation Request Form** For Community Outreach Please Print

| Organization 1  | Name:  |   | Today's   | s Date:                                     |                           |   |
|---|--|---|---|---|---------------------------|---|
| Address:  |  | City:   | S <sup>*</sup>  | tate:                                       | Zip:                      |   |
| Contact Person  | n:   |   | Job Title:  |   |                           |   |
| Phone: ( )  | Ext:   | Phone 2: ( )  | Ex  | :t:   | Fax:(                     | )   |
| Email Address   | 3:   |   |   |   |                           |   |
| Tax Exempt#   |  | _ (Please provide a copy  | of your government  | exemption c                                 | ertificate w              | ith this form)  |
| Brief Descript  | ion of the Event:  |   |   |   |                           |   |
| Date of Event:  |  | Location of Event   | :   |   |                           |   |
| Items Request   | ed: 🗆 Monetary: \$_  |   | _ 🗆 Sponsorsh   | ip: \$                                      |                           |   |
| □ Merchand  | ise  |   | Other:  |   |                           |   |
| How will this/  | these item(s) be used  | d?  |   |   |                           |   |
| Have you requ   | ested donations from   | n us in the past?   |   | have<br>have not                            | Date:                     |   |
| When is donat   | ion needed by?   | Aı  | mount expected to   | o be raise                                  | d: \$                     |   |
| What program  | s/services does your   | r organization offer?<br>How man  | y people take ad  | vantage of                                  | f these? _                |   |
| Generally, we<br>□ Yes, □   | cannot provide deliv<br>No If so, who is a   | very of donated good<br>uthorized for pick-uj                                   | ls. Can your orga<br>o?   | nization a                                  | arrange fo                | or pick-up?   |
|   |  | l a policy, which stat<br>on, or national origin                                |   | on does no                                  | ot discrim                | inate to age,   |
| □ Yes, If y   | es, when?  | 🗆 No  | )   |   |                           |   |
| and correct, that the Fe<br>organization and its cur<br>forth in such determina | thorized officer of the<br>deral Tax Exemption d<br>rent sources of suppor<br>tion letter. | organization, does her<br>letermination letter atta<br>t are not inconsistent v | eby certify that the<br>sched hereto has no<br>vith the organizatio | information<br>of been revo<br>on's continu | oked and t<br>uing tax ex | in this application is true<br>he present operation of the<br>cempt classification as set |
| SIGNATURE:  |  |   |   |   |                           |   |
| PRINT NAME & TIT  | LE:  |   |   |   |                           |   |
| Office use only:<br>Donation Granted: Y<br>Donation:                            | N Approved B   |   | I   | Date:                                       |                           |   |