



## Charitable Donation Request Form

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Beneficiary/Charity/Non-Profit: \_\_\_\_\_

### Brief Description of Event:

Estimated Number of Attendees: \_\_\_\_\_

Demographics of Attendees (Age, Gender, etc.): \_\_\_\_\_

### Requesting: *(If requesting apparel, please circle sizes you may need)*

Item	Quantity	Value:
Gift Certificate	_____	_____
Coupons	_____	
Complimentary Race Entries	_____	Name of Race: _____
Shoes	_____	
T-Shirts	_____	Sizes: Men's      S      M      L      XL
Shorts	_____	Women's      S      M      L      XL
Socks	_____	
Water Bottles	_____	
Other:	_____	

Donated Items Needed By: \_\_\_\_\_

Please submit any requests **60 days** prior to event date.  
Send forms to [Jessica@runforyourlife.com](mailto:Jessica@runforyourlife.com) or [mk@runforyourlife.com](mailto:mk@runforyourlife.com)

Upon approval, you will be notified of the pick-up date. We look forward to making your event a success!

**THANK YOU!**