



# MARTIN HOSPITALITY

## DONATION REQUEST

Date: \_\_\_\_\_

### Instructions

You may reproduce this form on your computer or type or legibly print the requested information. Please keep your answers as brief as possible. This application is also available on the web at [martinhospitality.com/charitable](http://martinhospitality.com/charitable).

“Martin Hospitality” in this application includes Martin Hospitality and any affiliated properties or companies to which you are submitting a donation request or from which you have received a donation in the past two years.

**All donation applicants:** Complete all of Section I and sign and date the application. Please allow 45 days for the donation committee to review your request.

### I. All Donation Applicants: Complete Section I.

Name of Organization: \_\_\_\_\_

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

What percentage of your organization’s income is used for administration and fundraising? \_\_\_\_\_

Is this a nonprofit organization?  Yes  No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Organization Web Address: \_\_\_\_\_

Executive Director (Mr. Mrs. Ms. Other): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Primary Contact, if other than Executive Director (Mr. Mrs. Ms. Other): \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

1. Amount Requested: \$ \_\_\_\_\_ Description: \_\_\_\_\_

2. Type of Request (check one):  Cash  Gift Certificate  In-Kind Donation (meeting space, food product, etc.)

3. Has the organization received a donation from Martin Hospitality or any of our properties in the last two years?

Yes  No

If yes, please list dates and amounts.

Date: \_\_\_\_\_ Description: \_\_\_\_\_

Date: \_\_\_\_\_ Description: \_\_\_\_\_

**All Donation Applicants: Section I. (Continued)**

4. Please list any Martin Hospitality employees involved in your organization and their roles. \_\_\_\_\_

\_\_\_\_\_

5. What are your organization's annual goals? \_\_\_\_\_

\_\_\_\_\_

6. Please share your vision and purpose statements with us. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. For Cash Request: Complete Section II.**

1. What are the timelines for the project and for fundraising? \_\_\_\_\_

2. How does this effort address a community need? Please describe the community and the clients that will benefit. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorization**

*The undersigned certifies that they are authorized to represent the organization applying for a donation and that the information contained in this application is accurate. The undersigned agrees that if a donation is awarded to the organization:*

- (1) the donation will be used for the purpose outlined in the award letter and may not be expended for any other purpose without prior written approval from Martin Hospitality,*
- (2) Martin Hospitality has received nothing of material value in exchange for the donation, and*
- (3) information about the organization and the donation may be used by Martin Hospitality in any published materials.*

Signature of Requester and your Role within the Organization

Date

*Donation applications can be submitted: via fax to (503) 436-0546, hand delivered to Martin Hospitality at 264 Third Street in Cannon Beach or by mail to Martin Hospitality, P.O. Box 219, Cannon Beach, Oregon 97110. For further information, please call (503) 436-1197.*

