

Donation Request Form

Organization:		
Contact Name:	Title:	
Phone Number:	E-Mail:	
Mailing Address: _		
City:	State:	_ Zip Code:
Donation Type:	O Monetary Donation/Sponsorship: Amount \$	
	O In-Kind Donation: Item (s) Requeste	ed
Date donation is ne	eeded:	
Please describe the	purpose of the donation (event, auction, e	etc):
Has SMC provided	l a donation for your organization in the pa	ast? O yes O No
If yes, what	items and when?	
Additional informa	ation or comments:	
	tion is correct to the best of my knowledge ted goods for the purpose listed above	e. Shall the donation be approved,
Signature		Date
Print Name		Title (relationship to org.)
For internal use Approved F	Rejected	
Approved By	Date	
Picked up by:	Date	

110 Jarvis St. Sitka, AK 99835 P:(907) 747-3142 / F:(907) 747-6897 gary@schmolckmechanical.com



Donation Policy

SMC is committed to helping community organizations. In order to be fair to all causes the following guidelines must be followed

• All donation request must be submitted in person or by mail to:

Schmolck Mechanical Contractors 110 Jarvis Street Sitka, AK 99835 Eric@schmolckmechanical.com

- All requests should include:
 - Donation Request Form
 - o Request in writing on company letterhead
 - o Non-profit/Tax-exempt government certificate
 - o Information on requesting organization (I.E mission, use of contribution)
- Request must be made at least four weeks in advance of the date donation is needed
- Please allow two weeks for processing your request. You will receive an e-mail response from SMC, whatever the decision may be, to the e-mail address on the request form.
- In order to maximize the benefits SMC can give to the community organizations no more than (1) donation per year.
- Please be specific with your request.