



# Everett Firefighters Association

## Donation Request

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### Contact Information

Contact Person and Title (if any): \_\_\_\_\_

Today's Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

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### Your Organization

Name of the group or organization you represent: \_\_\_\_\_

Are you an IRS recognized non-profit group? \_\_\_\_\_

If yes, what is your federal tax ID number? \_\_\_\_\_

What is the mission/purpose of your organization?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe how your organization benefits the community:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Your Request

Are you seeking a donation of funds or time in the Firefighters Hall? \_\_\_\_\_

If funds, is there a total cost of your project and what amount are you requesting? \$ Request / \$ Total

Describe how the donated funds will be used: \_\_\_\_\_

\_\_\_\_\_

If you are seeking donated space in the Firefighters Hall, is this a one-time event or a recurring request?

Describe the type of recurrence if you need a regular meeting space:

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If you are seeking a single date, please list a series of dates which will work for your event, in order of your preference:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

X if this is your only date option.

If granted, how will the donated space be used?

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How many people are expected to be in attendance? \_\_\_\_\_

Describe how the donation will benefit the greater Everett or Snohomish County community:

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## Submission

Please submit this form at least one month prior to your need. The earlier the better, but no less than one month. This form, along with your IRS tax-exemption designation letter, or most recent Form 990 may be submitted by U.S. Mail to:

Everett Firefighters Association  
Post Office Box 2203  
Everett, WA 98213

By signing you agree that you have the authority to do so in the name of your organization, and accept responsibility for receipt of funds. You, and your organization also agree to be responsible for care and maintenance of the Firefighters Hall during the time of your stay.

Your Organization: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_