Bridgeport Sound Tigers:
DONATION REQUEST FORM

Event Date: _____

Organization: _____

Contact: _____

Phone: ( ) _____ Fax: ( ) _____

Description of Event: _____

Expected Number of People: _____

Federal Tax ID # : _____

Donation Item Requesting : Live Auction Silent Auction Raffle Prize

Return Address: _____
_____

Terms and Conditions:

1. Requests can be mailed to : Bridgeport Sound Tigers
600 Main Street
Bridgeport, CT 06604
ATTN: Community Relations Dept.

Or faxed to : (203) 335-1719

2. A letter on organizational letterhead must accompany this form.

3. All Non-profit organizations must provide the Federal Tax ID number in the space provided,
For profit organization requests will be filled on a first come – first serve basis.

4. Please submit at least 3 weeks prior to date of event.

If you have any questions please contact the Community Relations Department at (203) 334-4625.

Signature X_____ Date: _____

For Office Use Only:

Date Received: _____ Date Sent : _____

Donated Item: _____