

# Donation Request Form



Date of request (mm/dd/yyyy):

Name of organization:

Address (Street or P.O. Box):

City:

State:

Zip:

Organization telephone:

Fax:

Organization Web site/Internet address:

Contact person: Name

Title:

Contact person telephone:

Primary:

Alternate:

Fax:

Contact person email address:

Federal tax identification number\*:

\*(You are required to submit proof of 501(c)(3) status to be eligible)

Check type of service your organization provides (choose one):

Health and Human Services

Educational

Civic and Community

Arts and Culture

Environmental

Employee volunteers necessary or requested?    No            Yes

How many?

What geographic area(s) does the organization serve?

(Continued on next page)

Describe the program/project/activity/event for which funds are being requested:  
(If applicable, attach available brochures, program descriptions, etc.)

Date of event (mm/dd/yyyy):

Describe the nature of your request:

How did you hear about Bluegreen Vacations?

Has Bluegreen Vacations supported your organization in the past? (If yes, please describe when and how)

Please print, sign and date this request form. You must submit proof of your tax-exempt, nonprofit status for this request to be considered (provide 501 (c)(3) letter or other tax-exempt letter from the IRS).

Printed Name:

Signature: \_\_\_\_\_

Title:

Date:

Fax or mail this request form and documentation of nonprofit status to Bluegreen Vacations:

FAX TO:  
Charitable Giving Committee  
561.912.8002

MAIL TO:  
Bluegreen Vacations  
Attn: Charitable Giving Committee  
4960 Conference Way North, Suite 100  
Boca Raton, Florida 33431