



Hello,

Thank you for considering Pikes Peak Harley-Davidson as a possible donor for your organization or event.

As a result, we get an enormous amount of requests for donations. To make the distributions fair and to help as many charitable organizations as possible, we request that you complete the attached form. Please be as detailed as possible.

Also, please note that monetary requests can be submitted once a year and a limited amount of merchandise is set aside for donations. We hope you are aware that we are not able to grant all requests due to such a high volume.

Pikes Peak Harley-Davidson will review these requests in a monthly committee meeting. Due to this fact, please submit your request at least 30-days before the donations are needed.

Completed donation forms may be mailed, emailed or handed in to the receptionist at:

Pikes Peak Harley-Davidson  
Attn: Marketing & Events Dept.  
5867 N. Nevada Ave  
Colorado Springs, CO 80918  
Email: [marketing@pphd.com](mailto:marketing@pphd.com)

You will be notified if your request is granted. Thank you in advance for your cooperation.

Sincerely,

Whitney Jacobson  
Marketing Manager  
719-278-2334  
[marketing@pphd.com](mailto:marketing@pphd.com)



5867 N. Nevada Ave. – Colorado Springs, CO 80918  
Phone: (719) 278-2300  
[www.pikespeakharleydavidson.com](http://www.pikespeakharleydavidson.com)

# Donation Request Form

*Please Print*

Organization Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

Tax Exempt# \_\_\_\_\_ (Please provide if you obtain a 501-C3.)

Brief Description of the Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Items Requested: Monetary: \$ \_\_\_\_\_ Sponsorship: \$ \_\_\_\_\_

Merchandise \_\_\_\_\_ Other: \_\_\_\_\_

How will this/these item(s) be used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you requested donations from us in the past? Yes, we have Date: \_\_\_\_\_  
No, we have not

When is donation needed by? \_\_\_\_\_ Amount expected to be raised: \$ \_\_\_\_\_

What programs/services does your organization offer? \_\_\_\_\_  
\_\_\_\_\_

Generally, we cannot provide delivery of donated goods. Can your organization arrange for pick-up?  
Yes No If so, who is authorized for pick-up? \_\_\_\_\_

**An officer of the organization's governing body must sign this application:**

The undersigned, an authorized officer of the organization, does hereby certify that the information set forth in this application is true and correct, that the Federal Tax Exemption determination letter attached hereto has not been revoked and the present operation of the organization and its current sources of support are not inconsistent with the organization's continuing tax exempt classification as set forth in such determination letter.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME & TITLE: \_\_\_\_\_

**Office use only:**

Donation Granted: Y N Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Donation: \_\_\_\_\_