Hartford Wolf Pack
DONATION REQUEST FORM

Event Date: _____

Organization: _____

Contact: _____

Phone: _____ Fax: _____

Return Address : _____

_____

Description of Event: _____

Expected Number of People: _____

Federal Tax ID #: _____

1. Send requests to:

Mail: Hartford Wolf Pack
196 Trumbull Street, 3rd Floor
Hartford, CT 06103
Attn: Community Relations Department

Fax: (860) 240-7618

2. Please include a letter on organization letterhead with this form.

3. Please submit request at least 1 month prior to date of event.

If you have any questions please contact the Wolf Pack Community Relations Department at (860) 246-7825.

Signature: _____ Date: _____

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To Be Completed by Wolf Pack Office:

Date Received: _____ Date Sent: _____

Donated Item: _____