Hartford Wolf Pack
DONATION REQUEST FORM

Event Date: ____

Organization: ____

Contact: ____

Phone: ______________________ Fax: ____________________

E-Mail: ____

Return Address : ____

____

Description of Event: ____

Will the item be used for: _______ RAFFLE _______ AUCTION _______OTHER

Expected Number of People: ____

Federal Tax ID #: ____

Send requests to: Mail: Hartford Wolf Pack
1 Civic Center Plaza
Hartford, CT 06103
Attn: Community Relations Department
Fax: (860) 241-4226

* Donation requests are not accepted over the phone or via e-mail

If you have any questions please contact the Wolf Pack Community Relations Department at (860) 249-6333.

Signature: __________________________________ Date: _____________

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To Be Completed by Wolf Pack Office:

Date Received: ________________ Date Sent: ________________

Donated Item: ____