

Goodwill Industries of Mid-Michigan Round Up for Change Donation Request Form

General Information

Organization Name: _____

Mailing Address: _____

Organization 501(c)(3) number if applicable:

Contact Name _____

Contact Number _____

Contact Email _____

Mission or Vision Statement:

Who or what the Donation Serves:

How and where this Donation will be used:

Date needed if applicable: _____

I verify that all the above information is true. In addition, I have the ability and do grant Goodwill Industries of Mid-Michigan the permission to use our Organization's name, logo, graphic, etc. in print and social media, at our discretion, to promote the donation.

Signature

Date

Do you pledge that your organization's use of any donation from Goodwill Industries of Mid-Michigan will not discriminate against those it serves based on race, color, religion, gender, national origin, disability, marital status, veteran status, age, sexual orientation or other basis prohibited by law? Please initial YES _____ NO _____

Goodwill Approval

Executive Approval: _____

Date: _____