



Donation Request Form

Please complete this form and attach a cover letter on your organization's letterhead. Only requests that are completed in their entirety will be considered.

Name of Organization: _____

501(c)3 #: _____

Address: _____

City: _____, CA **ZIP:** _____

Contact Person: _____

Phone Number: _____

Contact E-mail: _____

What is the primary focus of your organization?: _____

Tell us about your event/activity or sponsorship request: _____

What kind of support are you seeking?: _____

Date and Location of Event: _____

How will our donation be recognized?: _____

All requests must be made 90 days prior to the event date.

Mail or fax requests to:

PAQ Inc.
8014 Lower Sacramento Road, Suite I
Stockton, CA 95210
Attn: Donation Committee
FAX: (209) 956-8550