

Delaware State Parks Donation Request Form

Your Name:		Date:
Organization:		
What is your relation	onship to this organizati	ion?
Organization Conta	ict Person:	Title:
Street Address:		
City:		State: ZIP:
Phone Number: _		Email:
	tion are you seeking (i.e for surf fishing permits.	e. annual pass, tickets, campsite, etc.)? Note: We are not able to fulfill
		less than 60 days prior to date required):
Describe your organ	ilization s anniation wit	h Delaware State Parks:
Describe the event,	/activity and how the do	onation will be utilized by your organization:
What kind of adver	tising, signage, or recog	gnition will Delaware State Parks receive for your event/activity, if any i
request. Mail to: D Thank you for you	Delaware State Parks Ac	statement and 501(c)(3) EIN on organization letterhead with this dministrative Services, 89 Kings Hwy., Dover, DE 19901 and your interest in Delaware State Parks. We will contact you via proved or declined.
ernal Use Only q. Number:	Date:	Approved: Denied: