

Donations Request Form

Please submit this form at least 3 weeks prior to date donation is requested for. Fill out each section to the best of your ability.

First Name _____ Last Name _____

Title _____

Organization _____

Street Address _____

City, State, Zip Code _____

Phone _____ Web Address _____

Email _____

Donation Purpose and Benefit:

Date Needed By: _____

Is Donation Tax Deductible? Yes No

Type of Donation: In-kind Promotional Items Cash Other

If cash, please be more specific:

Timeline of donation:

One Time Annual Other: _____

Please include any other information you feel may be helpful to us in reaching a decision:

Has Alturas contributed to your program previously?

Yes – Date: _____ No

Will Alturas be recognized for its contribution?

Yes No

Please return completed form and any applicable materials that could help with our decision to Cody Hawkins at chawkins@alturasanalytics.com or:

Alturas Analytics, Inc.
ATTN: Cody Hawkins
1324 Alturas Dr.
Moscow, ID 83843