

Antelope Valley Mall

Donation Request Form

Name of organization: _____

Tax ID Number: _____

Date of Event: _____

Event Title: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Comments: _____

Please attach 501 (c)(3) certificate. (If applicable)