



Merchandise Donation Request Form

ORGANIZATION INFORMATION

Name of Organization EIN/Tax ID #

Mailing Address Line 1

Mailing Address Line 2 (optional) City State Zip

Main Phone Number Organization Website

Contact Name Contact Title

Contact Phone Number Contact Email

Has the organization received support from the WCCVB? If so, when?

EVENT INFORMATION

Program or Event Name Event Date

City Zip

Charitable Organization Type (Business, church, civic group, non-profit, school, other)

Requested Item Intent (Door prize, raffle, live auction, silent auction, other)

Signature of Applicant Date

Completion of this form does not guarantee a donation. In order to be considered, all requests must be received at least four (4) weeks prior to the event. Limit one (1) request per organization per calendar year.

This form must be accompanied by a written request on your organization's letterhead or event flyer and be sent to:

Williamson County CVB
Attn: Heather Doleshel
400 Main Street, Suite 200
Franklin, TN 37064
heather@visitfranklin.com



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ITEMS DONATED

- 1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____

FOR USE BY WCCVB

Fair Market Value
Code
Approved by