

**REQUEST FORM TO RECEIVE A
HELENA ULTRA RUNNERS LEAGUE (HURL) DONATION**

Instructions: This form must be completed and signed by someone affiliated with the organization/business/entity requesting donation. Please fill out all requested information below and return. Submission of this form does not guarantee approval of donation request. Allow up to 60 days for review and response to donation request.

ORGANIZATION INFORMATION

Name of Organization/Business/Entity: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Website (if available): _____

Contact Person and Title/Position: _____

Telephone Number: _____ Email: _____

Are you a 501(c)(3) nonprofit corporation? Yes No

EIN/Tax ID #: _____ 501 (c)(3) status since: _____

Have you received a HURL donation previously? Yes No Amount: _____

REQUESTED HURL DONATION USE INFORMATION

Please provide a description of the requested HURL donation purpose.

Supported event or program name: _____

Date of event or program: _____ Requested donation amount: _____

Purpose of the supported event or program: _____

Specifically, who or what (group, area, community) is the focus or beneficiary of the supported event or program: _____

How will the HURL donation be used for the supported event or program:

I certify that request of this donation meets the primary and mission of the Helena Ultra Runners League.

Signature of Applicant _____ Date: _____