



Arks Harvest Donation & Sponsorship Request Form

Please complete all fields below. Submit the completed form to arksharvest@gmail.com
(Minimum 1 month notice is required for all requests, unless exceptional circumstances apply)

1. Contact Information

Name of Contact Person: _____
Organization / Group Name (if applicable): _____
Email Address: _____
Phone Number: _____
Mailing Address: _____

2. Request Type (Select all that apply)

- ☐ Monetary Sponsorship
- ☐ Food Donation (Produce)
- ☐ In-Kind Support (e.g. volunteer hours, materials, space)
- ☐ Other (please specify): _____

3. Description of Request

Please provide a summary of your event, project, or initiative, including the purpose, audience, and goals.

4. Amount and Type of Support Requested

5. Date of Support Needed





6. How Does This Request Align with Arks Harvest's Mission?

7. Recognition or Return Offered (Optional)

8. Exceptional Circumstance or Rush Request Explanation

☐ This is a rush request and requires consideration before the next Board meeting.
Please explain the urgency:

9. Additional Comments or Information (Optional)

- ☐ I understand that Arks Harvest is not a registered charity and cannot issue tax receipts.
☐ I understand this form is a request only and does not guarantee support.

Signature (Typed Name): _____

Date: _____