

# DONATION REQUEST FORM



DATE : \_\_\_\_\_ CONTACT : \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF CHARITY: \_\_\_\_\_

PURPOSE/EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ DATE DONATION NEEDED BY: \_\_\_\_\_

Has this organization requested a donation from Oakland H-D in the past 12 months?     Yes     No     Unsure

Can you provide us with a tax-deductible receipt for donation?     Yes     No

Estimated attendance for the event? \_\_\_\_\_

## MERCHANDISE DONATION REQUEST

*Due to the substantial number of donation requests we receive each and every year we will unfortunately not be able to meet the needs of every organization that applies. Please answer as many of the following questions as possible. Receipt of application is no guarantee of our participation. Past participation is no guarantee of future consideration. You will be contacted if we are in a position to participate. Please allow at least two weeks to process your donation request. A flyer of the event or charity or a letter with the information on your business letterhead is required before donation requests will be considered.*

DONATION REQUEST:     Raffle Prize     Auction Prize     Attendance Prize     Other

## EVENT REQUEST

*Occasionally Oakland H-D is in the position to assist an organization with an event by either hosting the event at the dealership or attending an event at a different location. Receipt of application is no guarantee of our participation. Past participation is no guarantee of future consideration. You will be contacted if we are in a position to participate. Please allow at least two weeks to process your event request.*

EVENT REQUEST:     Held at Oakland H-D     Held at another location: \_\_\_\_\_

Please give as much information about the event as possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requests can be sent to:  
ATTN: COMMUNITY DONATION  
OAKLAND HARLEY-DAVIDSON  
151 HEGENBERGER RD.  
OAKLAND, CA 94621

Or faxed to:  
510-635-1900  
Or emailed to:  
INFO@OAKLANDH-D.COM

FOR OFFICE USE ONLY  
APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
RECIPT NUMBER: \_\_\_\_\_