

DONATION REQUEST FORM

Scalo Northern Italian Grill is committed to supporting the Albuquerque community and aims to assist local organizations as often as possible.

In order to be considered for a donation, please complete this form in its entirety, along with a descriptive letter written on the official letterhead of the organization. Requests must be submitted to Scalo at least three (3) weeks prior to the date the support is required. Only written requests will be considered; the restaurant cannot accept submissions by phone or verbally at the restaurant.

Name of your organization:				
This organization is (please circle one): CHARITABLE EDUCATIONAL ARTS/CULTURAL				INSTITUTIONAL
ls this organization a 501(c)3	3 non-profit ager	ıckś	YES	NO
Summarize the focus of your organization:				
Contact Person:			Phone Numbe	er:
Mailing Address:				
What is the date of your event? What type of event will you be holding? (silent or live auction, raffle, etc.)				
What kind of attendance do you anticipate for your event?				
What type of support do you request, and what is the value you are hoping for?				
What type of advertising are you planning to promote this event?				
Have you received a donat	ion from us befo	re? YES	NO	
Signature:		_	Date:	
If approved, we will notify you and ask you to pick up the donation at the restaurant.				
Please send your request to:	Esperanza Enter	prises		Or fax to: 883-8484

Esperanza Enterprises Attn: Donation Request 4209 San Mateo Blvd NE Albuquerque, NM 87110