

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 org	ganization;				
This organization CHARITABLE	s organization is (please circle one): IARITABLE EDUCATIONAL ARTS/CULTURAL			INSTITUTIONAL	
Is this organizatio	n a 501(c)3 non-profit age	ency?	YES	NO	
Summarize the fo					
Contact Person:					
Mailing Address:					
What is the date	of your event?				
What type of eve	ent will you be holding? (s	ilent or live o	uction, raffle	e, etc.)	
What kind of atte	endance do you anticipa	te for your e	vent?		
What type of sup	port do you request, and	what is the	value you are	e hoping for?	
What type of ad-	vertising are you planning	to promote	this event? _		
Have you receive	ed a donation from us be	fore? YE	ES .	NO	
Signature:	nature: Date:				
If approved, we	will notify you and ask you	to pick up t	he donation	at the restaurant.	
Please send your re	equest to:			Or fax to: 505.883.8484	

Esperanza Enterprises
Attn: Donation Request
2800 San Mateo Blvd NE, Suite 102
Albuquerque, NM 87110