



General Information

Please complete this form to the best of your abilities. All requests that are submitted are reviewed by the Maguire Charity and Community Committee. Please make all requests 4-6 weeks in advance of an event to allow time for review. Due to a large number of requests, Maguire is unable to guarantee funding for all donation requests.

Today's Date: _____

Organization Information

Name of Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Organization Website: _____

Name of Contact Person(s): _____

Contact Person(s) Title: _____

Has the organization received support from Maguire before? Yes No

Has Maguire supported your organization before? If so in what way?

Are you or is your organization a customer of Maguire? If yes how so?

Program Information

Program or Event Name: _____

Purpose of Support: _____

Explanation of the Event:



How will Maguire's donation Assist your Event or Program?

Will Maguire receive any advertising or promotion in this event? If so how will this be done?

Area / Community the Event or Program will serve: _____

Estimated number of people served: _____

Date of Event or Program: _____

Signature / Typed Signature of Applicant: _____

By signing this form, I verify that I am an authorized agent of the requesting organization.