

## **DONATION**

## **REQUEST**

## Fill out the form and drop off at the front desk, e-mail to kayla@airwayfuncenter.com, or fax to 269-327-6070

## **FORM**

Community Organization			Today's Date	Date of Event	
Address					
City	State		Zip		
Contact Name			Contact's Position or Relationship to Organization		
Contact Phone	E-Mail Addre	E-Mail Address			
Description of Request, describe event. Plea	se include date & lo	ocation.			
How will the organization recognize AIRWAY	/ FUN CENTER? (Nev	wsletters, Media	, Banner, Radio B	roadcasts, etc)	
Donated				Value	
Notes:					
Airway Fun Center Signature approval				Date Approved	
Donation Received by: (Print Name)	Signature			Date Received	
	•	ur next event a			
Birthday Parties ● Corporate E	Ruy Outs A Compa	ny Picnic's a Er	nnlovee Outings	• Wedding Recentions	
Bachelor & Bachelorett					
Group Sales & E	vents a kavla@a	airwayfuncon	ter.com 260	-327-7061	

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