

The Magnon Foundation Donation Request Form

Name of organization and/or full name of individual making the donation request:

Address: _____ City: _____ State: _____ Zip: _____

Phone Number (office or cell): _____ Email: _____

Amount requested of Donation: _____

Please describe how you would plan to use this donation:

Please describe how your use of this money will support our vision of cultivating the arts and culture of Riverside and the surrounding cities:

Will you provide a written statement detailing how the money was spent, and how much it impacted our organization for the better?

Yes: _____ No: _____ If yes, what is a date we can expect this by? _____

Please provide any additional information regarding this request:

Signature: _____ Date: _____
