



PLEASE RETURN THIS COMPLETED APPLICATION IN PERSON

DONATION APPLICATION

SKY HIGH SPORTS CHARLOTTE

CONTACT INFORMATION

NAME OF CHARITY: _____

CONTACT NAME: _____

TITLE/ROLE: _____

MAILING ADDRESS: _____

CONTACT PHONE NUMBER: _____

CONTACT EMAIL: _____

WHAT IS THE PRIMARY FOCUS OF YOUR ORGANIZATION?

TELL US ABOUT YOUR EVENT, ACTIVITY, REQUEST:

WHEN WILL THE EVENT BE OCCURRING?

WHEN DID SKY HIGH LAST CONTRIBUTE TO YOUR GROUP?

HOW WILL SKY HIGH SPORTS' DONATION BE RECOGNIZED?

HAVE YOU EVER PARTICIPATED AT SKY HIGH BEFORE? YES _____ NO _____



601 N POLK STREET, PINEVILLE, NC 28134
 TEL: 704-889-5867
 CLT.SKYHIGHSPORTS.COM
 CLTINFO@SKYHIGHSPORTS.COM

PLEASE NOTE THAT DUE TO THE LARGE NUMBER OF REQUESTS FOR DONATIONS WE RECEIVE, SKY HIGH MUST LIMIT ITS SUPPORT TO THOSE OPPORTUNITIES MOST CONSISTENT WITH THE COMPANY'S GIVING PRIORITIES. FOR MORE INFORMATION, PLEASE VISIT CLT.SKYHIGHSPORTS.COM OR CALL 704-889-5867.

INTERNAL USE ONLY

YES NO _____ / _____ / _____ \$ _____
 REQUEST ACCEPTED DATE RECEIVED INITIALS DONATED ITEMS VALUE