



Donation Request Form

Please complete this form and attach event information on your organization's letterhead. Only requests that are completed in their entirety will be considered.

Name of Organization: _____

501(c)3 #: _____

Address: _____

Contact Person: _____

Phone Number: _____

Date and Location of Event: _____

How will the community benefit from this event? _____

Donation Requested: _____

All requests must be made 90 days prior to the event date.

Mail or fax requests to: PAQ Inc.
8014 Lower Sacramento Road, Suite I
Stockton, CA 95210
Attn: Donation Committee
FAX: (209) 956-8550