

Park Pass Donation Request Form

Organization or group name:

Email:

Contact Name:

Phone:

Mailing Address:

City:

State:

Zip:

1. This organization is (select one): Charitable Educational
2. Does this organization have a 501(c)3 non-profit status ? Yes No
3. What age group does this organization benefit? K-8 High School Adult Senior
4. Event date and description of the event?
5. Number of Park Pass Requested:
6. Will the SCP+R logo be used for publications? Yes No
 If yes please provide email to send the logo to upon approval:

Upon approval the Park Pass will be mailed to the address above.

I (state your name) _____, do hereby certify that all funds generated from this donation will be directly distributed to the organization or group listed above.

Signature

Date

SCP+R OFFICE USE ONLY

Approved

Denied

Date Received: _____

Date Mailed: _____

Initials: _____