

Camp Bar Charitable Request Form

Full Name	Phone Number
Email Address	Date of Request
Your Organization Details	
Organization Name	
What is the focus of your organization? (please describe your mission)	
Your Organization Tax ID Number	
Street Address	City
What is your role or relationship with organization?	
Have we donated to your organization in the past? Y/N	
Tell us About your Request What is nature of your event? (Please be sure to include name, type of event, and who is beneficiary)	
What is date of event?	
When is donation needed?	
(Must be submitted a minimum of 3 weeks before when donation is needed)	
	vent Award/Prize Ither
If donation is other, please specify use	
Merchandise M	lse of Camp Bar Space 1onetary Donation)ther
If you selected other, please specify request	

We ask that all requestors keep in mind that Camp, as part of the Hackbarth Hospitality Group receives many requests for donations throughout the year. Although we do our best to support our local communities, we do need to spread our charitable giving throughout the year and across all of our locations. We appreciate you for reaching out and hope you understand that we cannot honor every donation request that we receive.