

# Arnold Insurance Donation Request Form

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Arnold Insurance Agency believes in donating locally to community events and people. Due to the large number of requests, we meet monthly to discuss the donations and allocate our budget appropriately. Please fill out this form and attach any documentation along with this request for us to review.

**Please check the following that apply to your event/group:**

- Our organization or event is non-profit/charitable.
- Our request is coming from an organization that will improve educational/cultural/civic vitality of this community.
- Contributing to our organization touches on Arnold Insurance areas of concern.

**Circle YES or NO – Do you consider yourself to be a customer of Arnold Insurance? If so, we thank you for your patronage!**

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**About Your Organization:**

1. Name of organization seeking the donation: \_\_\_\_\_
2. Have you received a donation from Arnold Insurance in the past? \_\_\_\_\_  
If so, please list amount and date of last donation: \_\_\_\_\_
3. Your relationship to the organization: \_\_\_\_\_
4. Organization's Executive Director: \_\_\_\_\_
5. Organization's Board of President: \_\_\_\_\_

**\*\*Please submit a copy of the tax-exempt certificate with request if available\*\***

**About the Donation:**

1. The event at which the donation will be used: \_\_\_\_\_
2. The date and location of the event: \_\_\_\_\_
3. The exact donation / type of donation you are seeking: \_\_\_\_\_
4. Please explain exactly what the donation will be used for: \_\_\_\_\_  
\_\_\_\_\_
5. How many people do you expect at attend the event: \_\_\_\_\_
6. What type of recognition is given to the donors (at/prior/subsequent) for the event: \_\_\_\_\_

**Donation Logistic Basics:**

1. Date Needed: \_\_\_\_\_ Time Needed: \_\_\_\_\_
2. Who will pick it up: \_\_\_\_\_
3. Person's Contact #: \_\_\_\_\_

**Simple Instructions:**

Please drop off at Arnold Insurance Agency location or mail complete form to provided addresses below. Please note that the more time we've given to consider your request the greater the chance we will be able to help you.

Arnold Location: 102 Cedar Street | PO Box 9 | Arnold, NE 69120

Cozad Location: 830 Meridian Ave | PO Box 145 | Cozad, NE 69130

Grant Location: 306 Central Ave | PO Box 580 | Grant, NE 69140

Brady Location: 104 N Main Street | PO Box 282 | Brady, NE 69123

**THANK YOU FOR YOUR REQUEST AND HOPEFULLY WE CAN HELP  
WITH YOUR FUNDRAISING EFFORTS!**

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For Arnold Insurance Agency Use Only:

**Request Approved**

**Request Denied**

Decision Made By: \_\_\_\_\_ Date: \_\_\_\_\_

Follow Up Needed: \_\_\_\_\_