



**OSAKIS CHAMBER OF COMMERCE**

**Po Box 399**

**Osakis, MN 56360**

**320-859-3777**

Donation Request Form

Event/Organization: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Description/Purpose of Event: \_\_\_\_\_

\_\_\_\_\_

Donation Amount Requested: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Donation requests should be sent to:

Osakis Chamber of Commerce  
PO Box 399  
Osakis, MN 56360

Requests must be received one week prior to monthly Board of Director meetings. Board of Director meetings are held the 4th Wednesday of each month.

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\*\* internal use\*\*  
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Date received: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Contact Notified: \_\_\_\_\_

Date Check sent: \_\_\_\_\_