

Donation Request Form

For Community & Economic Development



Date _____ Daytime Phone _____

Contact Name _____

Organization _____

Check Payable to _____

Address _____

City _____ State _____ Zip Code _____

Amount Requested: _____

Molalla Communications
211 Robbins St
Molalla, OR
United States
97038
Phone: 503-829-1100
Fax: 503-829-7781
www.molalla.com

Check here if you are a Non-Profit

Briefly describe your organization, request, and details regarding your event or program (if applicable).

Write a brief statement on how the MCC Membership will benefit from this donation.

What type(s) of public relations will be used to promote this event?

How are funds and donations other than your request from MCC being raised?

If approved, please mail check to:

When finished, please save the form to your computer. Then attach the form to an email and send to support@molalla.com

OR

**Print and mail the completed form to:
Molalla Communications Cooperative
C/O Community Support
211 Robbins St
Molalla, OR 97038**

Print Form