



DONATION REQUEST FORM

- **Name of Organization:** _____
- **Primary Contact Name:** _____
- **Primary Contact Phone/E-mail:** _____
- **Purpose of Donation:** _____

- **How will the funds be used within your organization:** _____

- **Monetary amount you are requesting:** _____
- **Date funds are needed by:** _____
- **Anything else you would like to share:** _____

Return form via e-mail to: info@bellbrooksugarcreekchamber.com

Or mail to:
Bellbrook-Sugarcreek Twp. Chamber of Commerce
2090 Ferry Road
Bellbrook, OH 45305

OUR PURPOSE: The purpose of the Chamber is to be an advocate for the welfare of members, schools, civic organizations and community. The Chamber shall foster the development of business and community leadership working collaboratively to promote a positive image of the Bellbrook Sugarcreek community in the Miami Valley Region.