



Thank you for your interest in Otis Technology. Please complete the general information section below. In order to allow sufficient time to review each request, all requests should be submitted **by mail** with a self addressed stamped envelope at least sixty days prior to the date the donation is required. Return this completed form to the Donations Coordinator with all supporting documents, noted in the donation policy to the address listed below. Please fully read our Donations Policy on our website before completing this form.

General Information

Date of Request: _____

Organization Requesting Donation: _____

Person Requesting Donation: _____ Title: _____

Telephone Number: _____ Email Address: _____

Ship to Address: _____

Date of Event: _____ From: _____ To: _____

Name & Description of Event: _____

Nature of Event: _____

501-C-3? _____ Yes _____ No (check one)

Number of People Attending Event: _____

How Many Years Have You Had This Event? _____

Sponsorship Levels or Acknowledgement of Participating Businesses: _____

Type of Product Donation Requested: _____

Date Required: _____

Has Otis Donated in the Past to Your Organization? _____ Yes _____ No (check one)

Additional Comments: _____

For Office Use Only

Committee Comments:

Approved:

Denied:

Date:

Otis Technology: PO Box 582 Lyons Falls, NY 13368 * (315) 348-4300