



DONATION REQUEST FORM

EVENT: _____

GROUP: _____

CONTACT: _____

PHONE: _____

ADDRESS: _____

DATE REQUESTED: _____

DONATION RECEIVED BY: _____

OTHER INFORMATION: _____

PLEASE RETURN BY FAX AT 661-322-6199

OR MAIL TO:

BAKERSFIELD BLAZE

ATTN: PHILIP GUIRY

4009 CHESTER AVENUE

BAKERSFIELD, CA 93301