



YOUR #1 HIT MUSIC STATION

Last updated 8/17/2009

DONATION REQUEST FORM

Completion of this form *DOES NOT* guarantee WILD 102 Radio will fulfill the request.

Name of Organization: _____

Contact Name: _____ Phone: _____

If donation is granted, we may request you to pick up the donation.

Delivery Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

1. This Organization is (please circle one) :

EDUCATIONAL

ARTS/CULTURE

CHARITABLE

INSTITUTIONAL

2. Is this organization a 501(c)(3) non-profit agency? YES NO

3. Event Description: (Name, Date, Time, # of people to attend, and purpose) _____

4. Is this event a fundraiser? YES NO

Who do the proceeds benefit? _____

5. Have you received a donation from us before? YES NO

6. Are you requesting Radio advertising time? YES NO

Are you requesting Matching funds? YES NO How Much? \$ _____

7. Deadline for receiving the donation item (Six-week minimum): _____

Please return this form to 107 Center St W, Roseau, MN 56751 or fax to (218) 463-1977, Attention:
DONATION REQUEST