



CHK Holiday Donation Request Form

Organization Details

Name:	
Address:	
Website:	
Contact Name:	
Title:	
Email:	
Phone Number:	
Mission:	

Date:	
Tax Status:	
Tax ID Number:	
501©(3) Number:	
Years in operation	
What services are rendered:	
Geographical Area Served:	
Programs and Activities:	
Accomplishments:	

Event Details

Name of Event:	
Location:	
Date:	
Time:	
Specify Type of Requested Donation:	
Food:	
Clothing:	
Notes:	

Thanksgiving

Description of Event:	
Number of Years Event Has Been Held:	
Estimated Number of Attendees:	
Date Donation Is Needed By:	
Delivery Location:	

Event Details

Name of Event:	
Location:	
Date:	
Time:	
Specify Type of Requested Donation:	
Food:	
Clothing:	
Toys:	
Wrapped: Yes / No	
Notes:	

Christmas

Description of Event:	
Number of Years Event Has Been Held:	
Estimated Number of Attendees:	
Date Donation Is Needed By:	
Delivery Location:	
Release of all photo media (please Circle) YES	NO

Please complete and return form to: Contractor Helping Kids - info@chkidstx.com - NO LATER THAN SEPTEMBER 30, 2024

FOR INTERNAL USE

Date Received	
Approved By	
Value	

Delivery Date	
Delivery Received By	
Remarks	