



APPLICATION FOR DONATION

Must be submitted 30 days in advance

As a small rental business, we receive donation requests weekly. Due to the large number of requests received each year, we have decided that it would be more beneficial to be a small part of many events rather than a large part of only a few. The max donation given will be 10% discount off your rental items.

We ask that all requests are turned in and approved 30 days prior to the event date.

GENERAL INFORMATION

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Organization Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

THE EVENT

Name of Event: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ Est. # of Attendees: \_\_\_\_\_

Location: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Annual Event? \_\_\_\_\_ Since what year? \_\_\_\_\_

Type of Event: \_\_\_\_\_

How does this event benefit your community? \_\_\_\_\_

How do you intend to promote the event? \_\_\_\_\_

**THE DONATION (10% DISCOUNT)**

Type the equipment needed and quantities requesting:

Tables: \_\_\_\_\_ Chairs: \_\_\_\_\_ Inflatables: \_\_\_\_\_ Generators: \_\_\_\_\_ Portable Restrooms: \_\_\_\_\_

Other: \_\_\_\_\_

Do you have a key/major participating sponsor? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Has the organization previously requested a donation/discount from American Rental? \_\_\_\_\_

Date of last request? \_\_\_\_\_ Was the request granted? \_\_\_\_\_ If yes, what amount? \_\_\_\_\_

**YOUR ORGANIZATION**

Is the organization Tax Exempt under IRS Code Section 501(c)3? \_\_\_\_\_

**Please enclose a copy of your organization's IRS letter stating the Tax Exempt 501 Status**

Tax Exempt Number: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_

What rental company(s) does the organization currently use? \_\_\_\_\_

What is the mission, or purpose, of the organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_

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