EUREKA MONTANA QUILT SHOW FOUNDATION

DONATION REQUEST FORM

Please fill in all the information and attach any supporting information. In order to give your request the attention it deserves, form must be submitted by NOV 30. Mail to EMQSF, PO Box 1688, Eureka, MT 59917 Donations are determined in December of each year.

Date of request		Deadline for donation			
Contact					_
Name of Organization_					
Address					
City	State	Zip	Phone		
What is the nature of yo	ur organization?	?			
				e are a 501(c)(3) non-p	
Describe your request					
If event, what date:Held annua					
Describe the event					
How many people do yo	u estimate will	attend?			
How will your event be p					
What is your fundraising	goal?				
How will the funds raise					
How will this benefit the	tourism of Eure	eka?			
How will Eureka Montan	a Quilt Show F	oundation b	e recognized	for this funding?	
					_
Is your group associated	d with any hoard	d member c	of Fureka Mor	ntana Quilt Show? If ve	s
please give employee or	•				

Other Notes you would like to add: