

BROADVIEW GROUPS'S CHANGE MAKERS DONATION REQUEST FORM

Employee Name: _____

Dollars for Dollars	Dollars for Doers
Dollar Amount Donated: _____	Hours Volunteered: _____ Date(s): _____
Date: _____	Organization's Contact Name: _____
	Contact's Phone or Email: _____

Charity Name: _____

Is the charity already part of Broadview Group's Change Makers program?

☐ Yes ☐ No – I have completed the request to be added below

Is the receipt (for donation) or time log (for volunteering) attached? ☐ Yes ☐ No

Tax ID or EIN: _____

State: _____

City or ZIP: _____

Request Organization be Added to Broadview's Change Makers Program

Organizations website: _____

Organizations mailing address: _____

What is their focus: _____

What are their goals/mission: _____

What percentage of donations go directly to programs and services: _____