



99-079 Kauhale Street
Aiea, Hawaii 96701
(808) 486-3819
(808) 488-8203
print@aieacopy.com

Request for Charitable Donation

Aiea Copy Center is a locally owned business that has been proudly serving Hawaii for over 30 years. We love to help out whenever we can, but due to the high volume of requests, we are not always able to contribute. Please complete this form and submit by email to print@aieacopy.com at least 30 days prior to event/campaign deadline. All requests submitted will be reviewed and followed up with a response.

Organization Information:

Organization Name	Date Needed
Type of Organization Check one: <input type="checkbox"/> Private Individual <input type="checkbox"/> For Profit Org. <input type="checkbox"/> Not-for-profit Org. Do you have a non-profit 501(c)(3) designation by the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you personally benefit in any way from this donation, or from the activities this donation will promote? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how?
Contact Person	Organization Head (If other than contact person already listed)
Contact Phone Number	Organization Head Phone Number
Contact Email Address	Organization Head Email Address
<input type="checkbox"/> In-kind Donation Request: (Discounted or donated printing or copying)	<input type="checkbox"/> Cash Donation Request:
Describe the printing or copying you would like us to discount or donate in this section. If there are multiple items requested please attach additional sheets.	Amount of Requested Cash Donation \$
Description of printing or copying	Describe how the funds will be used:

Please summarize below whom this donation would benefit, and how it would benefit them:

Thank you!

Administrative Use - Please do NOT fill out.

Initials: _____

In-Kind Donation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Cash Donation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Discount Amount: _____ % up to \$ _____ OR \$ _____ Printing Donation Amount	Amount: \$ _____ Authorized by: _____
Notes: _____	