



# Ocean State Harley-Davidson®, Inc. Charitable Request Form

## Ocean State requires ONE MONTH to process requests

Ocean State Harley-Davidson®, Inc. will give due consideration to all requests for donations and sponsorships. We recognize that there are many causes worthy of our support, and regret that we are unable to accommodate every request.

### Logistics

Send **Charitable Request Form** along with supporting documentation to:

*Ocean State Harley-Davidson, Inc.*

*Attn: Jennifer Higbee*

*5 Albany Road · Warwick, RI 02888*

*Fax # 401-785-1790 · email MarketingOSHD@aol.com*

### Charitable Organization Information

Charitable Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Point of Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Donation Information

I. Specific Donation Request (please circle one)

**Merchandise      Sponsorship      Program Ad      Gift Certificate**

If **Program Ad** is requested, please provide the following information:

Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Ad Size: \_\_\_\_\_ Electronic Format: \_\_\_\_\_ Due Date: \_\_\_\_\_

E-mail for submission: \_\_\_\_\_

Date printed copy to be delivered to Ocean State H-D®: \_\_\_\_\_

II. Please attach the following **supporting documentation**:

- Proof of charitable 501(c)(3) status (copy of tax exemption from the IRS if applicable)
- Information letter - We want to know about your organization! Describe the service you provide to society, your mission, and the importance of a donation from Ocean State Harley-Davidson®, Inc.

III. Please answer the following questions

- If your request is associated with an event, is there alcohol served at any portion of the event? Circle one: **Yes No**
- Have you received any donations from Ocean State Harley-Davidson®, Inc. within the past twelve months for this or any other organization? If yes, please specify:

\_\_\_\_\_ Are there any other motorcycle businesses or clubs involved with your event or sponsorship? If yes, please specify: \_\_\_\_\_

\_\_\_\_\_ Name of individual authorized to pick up donation from OSHD®  
\_\_\_\_\_ Item picked up in (circle one) **Warwick Exeter**

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