



KALAS FOUNDATION

Donation Request Form

Organization Name _____

Address _____

Contact _____

Phone Number _____

Mission _____

Need Request Time/manpower _____ hours Amount _____ dollars

Project _____

Who will benefit? _____

Estimate how many people will benefit from donation?

Additional information you would like to provide (Please attach fliers/brochures)

Are you a relative of a Kalas employee? Or is there any conflict of interest we should be aware of?
