***Zone of Light Studio
Request for Donation***

**1174 Zonolite Place NE
Atlanta, Georgia 30306**

**678-948-8059**



**Please email completed donation request to Amy Wilson at** awilson@zoneoflightstudio.com

|  |  |  |
| --- | --- | --- |
| **Name of Organization** |  | **Date:** |
| **Address** |  |  |
|  |  |  |
| **Person requesting donation** |  |  |
| **Phone Number** |  |  |
| **Email Address** |  |  |
| **EIN/TIN number of school or nonprofit organization** |  |  |
| **Code Section of organization (IE: 501c3, schools 403b)** |  |  |
| **Designation of donation** |  |  |
| **Contact person for donation** |  |  |
| **Method of selecting recipient (state event if it is a silent auction.)** |  |  |
|  |  |  |
| **Money collected from donation is to be used for** |  |  |
|  |  |  |
| **Estimated value of donation** |  |  |
|  |  |  |

Submit signed and completed form to: Amy W. Wilson (Founder, Zone of Light Studio)

 awilson@zoneoflightstudio.com \* **678-948-8059**

Date Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_