

DONATION REQUEST FORM

DONATION REQUESTS FROM UAW LOCAL 276, AS PROVIDED IN THE BYLAWS, MUST PROVIDE **ALL** OF THE FOLLOWING INFORMATION – **MUST BE REGISTERED AS ACTIVE AND IN GOOD STANDING WITH THE IRS:**

1. \_\_\_\_\_  
NAME OF ORGANIZATION REQUESTING DONATION **(MUST BE THE NAME LISTED WITH THE IRS)**  
  
\_\_\_\_\_  
STREET ADDRESS OF ORGANIZATION  
  
\_\_\_\_\_  
CITY, STATE AND ZIP CODE OF ORGANIZATION  
  
( \_\_\_\_\_ ) \_\_\_\_\_  
(AREA CODE) TELEPHONE OF ORGANIZATION
  
2. \_\_\_\_\_  
NAME THAT CHECK IS TO BE MADE PAYABLE TO **(MUST BE THE NAME LISTED WITH THE IRS)**  
  
\_\_\_\_\_  
STREET ADDRESS WHERE CHECK IS TO BE MAILED **(MUST BE THE STREET LISTED WITH IRS)**  
  
\_\_\_\_\_  
CITY, STATE AND ZIP CODE WHERE CHECK IS TO BE MAILED **(MUST BE SAME LISTED WITH IRS)**  
  
( \_\_\_\_\_ ) \_\_\_\_\_  
(AREA CODE) TELEPHONE OF PAYEE **(MUST BE THE SAME LISTED WITH THE IRS)**
  
3. \_\_\_\_\_  
TAX IDENTIFICATION NUMBER FOR #2 ABOVE **(MUST BE THE SAME LISTED WITH THE IRS)**
  
4. FOR NUMBER 2 ABOVE, **PLEASE CHECK ONE OF THE FOLLOWING:**  
  
INDIVIDUAL \_\_\_\_\_ SOLE PROPRIETOR \_\_\_\_\_  
PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_  
OTHER \_\_\_\_\_ (TYPE: \_\_\_\_\_)
  
5. \_\_\_\_\_  
MEMBER'S NAME \_\_\_\_\_ GMIN / EID  
(REQUESTING DONATION FOR SPONSORED ORGANIZATION)

THE ABOVE INFORMATION MUST BE SUBMITTED TO:

UAW LOCAL 276  
2505 W. E. ROBERTS STREET  
GRAND PRAIRIE, TX 75051-1025

**NO LATER THAN 4:00 PM JANUARY 30TH** TO ENABLE FULL CONSIDERATION BY THE EXECUTIVE BOARD.