ASSOCIATED STUDENTS

SANTA MONICA COLLEGE

CLUB REQUEST FOR DONATIONS (Items or Services) FORM

DATE: _____ **CURRENT SEMESTER & YEAR:** _____

TO: Company Name & Contact Info: _____

Company Mailing Address: _____

FROM: SMC Club Name (do not abbreviate): _____

Purpose of Donation: _____

Club Student Officer, Title & Contact Info: _____

Club Full-Time Advisor's Name & Signature: _____

Associate Dean of Student Life or Designee Name & Signature: _____

Associated Students of Santa Monica College TAX ID #: _____

SEEKING DONATION(S) OF: _____

_____

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A receipt of donation(s) will be mailed to your company.

THANK YOU FOR YOUR SUPPORT IN STUDENT SUCCESS!