



24 Broadway Street, Mt. Pleasant, SC 29464 O.843.284.0257 F.843.284.0258

Donation/sponsorship Request Form

All donation requests must be submitted at least **30 days prior** to event/campaign deadline. Please complete form to the best of your ability and email to bobby@kickinchicken.com or fax to 843.284.0258. All requests submitted will be reviewed and followed up with a response.

ORGANIZATION INFORMATION

Date Form Submitted: _____

Name of Organization: _____

Address: _____

Contact Name: _____ Website: _____

Email: _____ Phone: _____

501-c(3): Yes No If yes, please provide number: _____

Mission Statement of Organization (and/or description of to whom this donation will benefit):

EVENT INFORMATION:

Event Date: _____

Event Name: _____ Event Location: _____

Donation Request: _____

Will The Kickin' Chicken be acknowledged? If yes, how? _____

Which Kickin' Chicken location are you requesting from: _____

.....
OFFICE USE ONLY:

DONATION REQUEST APPROVED: YES NO STAFF INITIALS: _____

OTHER/COMMENTS: _____

KICKIN' CHICKEN LOCATIONS

Downtown • James Island • Mt. Pleasant • Summerville • West Ashley
www.kickinchicken.com