



DONATION REQUEST FORM

The Explorers are delighted to support charitable donations to positively impact our community through donations of tickets and team shop items. Please complete the following form and return at least 2 weeks prior to the event to the address below.

Organization Name: _____

Contact: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

501 (C) (3) # (if applicable): _____

Event Information

Event Name: _____

Beneficiary: _____

Event Date: _____ / _____ / _____ Event Time: _____ Projected Attendance: _____
MONTH DAY YEAR

Item To Be Used For: ☐ Door Prize ☐ Silent Auction ☐ Live Auction ☐ Other: _____

Event Description: _____

Note: due to the high volume of requests, a submitted request does not guarantee a donation.

Please return to: Sioux City Explorers - Donation Request 3400 Line Dr, Sioux City, IA 51106 or email to Emma DeStigter: destigter@xsbaseball.com. For additional questions, please call 712-277-9467

For Office Use Only

Date Received: _____ Status: ☐ Accepted ☐ Declined

Item(s) Sent: _____

Total Value of Items: _____ Date Sent: _____