

**DONATION REQUEST FOR JIM HARSZLAK FOUNDATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

REASON FOR NEED (ILLNESS, UNEMPLOYMENT, DEATH, FIRE):

\_\_\_\_\_

LENGTH OF ILLNESS/EVENT: \_\_\_\_\_

OUTSTANDING MEDICAL BILLS/OTHER BILLS ? MONTHLY MEDICAL EXPENSES? \_\_\_\_\_

\_\_\_\_\_

TOTAL AMOUNT NEEDED: \_\_\_\_\_

BENEFIT PLANNED: \_\_\_\_\_

WHAT WILL DONATION BE USED FOR? \_\_\_\_\_

BOARD APPROVAL: SUE/CHRIS/PAUL/JOHN/DONNA/

AMOUNT DONATED: \_\_\_\_\_ DATE: \_\_\_\_\_

BASKET OR OTHER DONATION: \_\_\_\_\_

OTHER NOTES:

EMAIL REQUESTS TO : [HARZFEST@HOTMAIL.COM](mailto:HARZFEST@HOTMAIL.COM) OR MAIL TO

JIM HARSZLAK FOUNDATION  
2452 COLVIN BLVD, TONAWANDA NY 14150