

Request of Donation or Equivalent

I, _____, hereby solicit **Dockers Waterside Restaurant, Bar & Marina**, located at 94 Dune Road, East Quogue, New York 11942 for a charitable donation or other such gift for the purposes of fundraising or other such charitable cause.

I understand all of the following conditions do hereby apply to this solicitor's request for any gift granted:

1. *The organization is a local non-profit or other local charitable cause.*
2. *The name of the Organization or other local charitable cause is _____ and is organized as a non-profit under Section 501(c)(3) of the Internal Revenue Code.*
3. *No board member of the organization sits on any other board with any Citizens Action Committee, Civic Association, environmental activist group or any other lobby/community groups that is adverse to the betterment of the economic development of local businesses. A full list of all the names of all board and committee members shall be provided along with this request.*
4. *The donation is being solicited by the organization with full knowledge and consent of its board of directors and/or its shareholders and the terms contained herein. (Please provide proof of event, solicitation letter, other documentation)*
5. *Dockers may use the total or partial amount of gift granted in our advertising program and a press release to local, regional and national publications/media is hereby authorized. Permission is granted to display the name of the organization and any of its board members at the time of the donation on our website or advertising for publicity purposes.*
6. *That the solicitor has 100% approval and authority to receive a charitable gift from its board of directors and that the organization fully supports the efforts of Dockers Waterside Restaurant & Marina as a lawfully existing local business. It also agrees that the name Dockers Waterside Restaurant & Marina shall only be used in positive ways.*
7. *As the agent or solicitor, I take full and personal responsibility that the terms and conditions contained herein are true and valid.*

Charitable Organization Agent

By _____
Signature _____ Print Name _____ Title _____ Date _____

Address & Other Contact Information:

Dockers Office Staff Use Only

Amount Approved: _____ Approved by _____ Date _____

Form of Gift: [cash] [gift card] [check # _____] [other _____]