



DONATION REQUEST FORM

At **abel insurance**, we believe that giving back to our community is a vital part of our business. We try to make a contribution to as many events, fundraisers and projects as we can but sometimes we reach our limit and have to allow other businesses the chance to support the good things happening in our community. By completing this donation request form, your request will be considered and reviewed by **abel** employees. ***Request forms must be submitted two weeks prior to the event to be considered and due to the volume of requests, not all can be honored.*** We appreciate your time you are giving to your cause and wish all applicants the best of luck!

CONTACT PERSON: _____ PHONE OR EMAIL ADDRESS: _____

CONTACT PERSON'S CONNECTION TO REQUEST: _____

NAME OF EVENT/PROJECT: _____

DATE OF EVENT/PROJECT: _____ EVENT/PROJECT LOCATION: _____

PERSON OR ORGANIZATION EVENT/PROJECT IS BENEFITING: _____

DOES ANY MEMBER OF THE ORGANIZATION OR BENEFICIARIES HAVE ANY CONNECTION TO ABEL INSURANCE?: _____

IF AN EVENT, HOW MANY PEOPLE ARE EXPECTED TO ATTEND?: _____

WOULD YOU ACKNOWLEDGE ABEL INSURANCE? YES NO

IF YES, HOW? _____

WHAT IS THE DONATION YOU ARE REQUESTING?: _____

HOW WOULD THE DONATION BE USED?: _____

WHY ARE YOU PASSIONATE ABOUT THIS CAUSE?: _____

Completed forms can be

Emailed to customercare@abelins.com

Faxed to 920.766.9677

Or dropped off/mailed to One Bank Ave. Suite A Kaukauna, WI 54130