

**East Hampton Junior Women's Club
Donation Request Form**

2005 Donation Year

Organization: _____

Contact name: _____

Address: _____

Phone number: _____

E-mail: _____

Amount requested: _____

Describe the need this request will meet: _____

Do you/your organization have other means of soliciting funds? If yes please describe: _____

Send the completed form to:
Attn: Donations
East Hampton Junior Women
P.O. Box 97
East Hampton, CT 06424