



L. G. EVERIST, INC.

350 S. MAIN AVE., SUITE 400
SIOUX FALLS, SD 57104
605.334.5000
WWW.LGEVERIST.COM

Donation Request Form

Date: ____/____/____

Organization Name: _____

Organization URL: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Contact Email: _____

Contact Phone: _____

Description of services provided and community served:

Name and Description of Event or Activity:

Date of Activity: ____/____/____ Anticipated Number of Participants: _____

What are you requesting from us? (please be very specific)

