



# L. G. EVERIST, INC.

350 S. Main Ave, Suite 400, Sioux Falls, SD 57104  
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Approved by:	
Amount:	
Date:	
Cost Code:	
Ok to Pay:	

## Donation Request Form

Requests should be submitted at least 4-6 weeks in advance of an event to allow time for review.  
Due to the large number of requests, L. G. Everist, Inc. is unable to guarantee a response to all donation requests.

Today's Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

### ORGANIZATION INFORMATION

Name of Organization		EIN/Tax ID #	501 (c)(3) Status (since)	
Mailing Address		City	State	Zip Code
Telephone Number	Organization Website	Contact E-mail Address		
Name of Contact		Title or Relationship to Organization	Contact's Telephone Number	
Has the organization received support from L. G. Everist, Inc.?		When?	Amount?	

### PROGRAM INFORMATION

Program or Event Name		
What are you requesting for support?		
Purpose of Support		
How will the funds raised for the program be used?		
How will a L. G. Everist, Inc. donation assist your program?		
Area/Community the program will serve	Estimated number of people served	Date of program/event

Signature of Applicant

By signing this form, I verify that I am an authorized agent of the requesting nonprofit and this organization qualifies for tax-deductible contributions as defined by the Internal Revenue Service and is in full compliance with the USA Patriot Act.

Please submit completed form to [info@lgeverist.com](mailto:info@lgeverist.com) or mail to L.G. Everist, Inc., Attn: Marketing 350 S Main Ave. Ste. #400, Sioux Falls, SD 57103