

Donation Request Form

*Please fill out all * fields. If your event is a good fit, we will reach out to you.*

Date

Legal Name of Organization

Full Name

Title

Client Information

Phone Number

Email

Address

City

State

ZIP Code

Organization Information

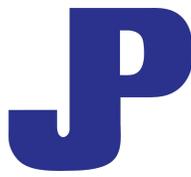
Purpose of your Organization

Event Information

Event Date

Event Time

Print Deadline



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*Please fill out all * fields. If your event is a good fit, we will reach out to you.*

Brief Description of Event/Program

Details of Request (Amount, Coupons, Product)

Will you be attaching any additional event/program information? If yes, please list.

Number of Children Event Will Reach

How will Jones Petroleum be recognized?

Has Jones Petroleum donated to your organization in the past?

\$

Previous Donation Date

Previous Donation Amount

Please attach a copy of your IRS 501(C)(3) document

Mail All Forms To
Ken Johnson
264 Alabama Blvd
Jackson, GA 30233