

# Wet Paint Donation Request Form



Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## About Your Organization

The Organization seeking the donation: \_\_\_\_\_

Does the organization fall into one of our areas of focus? Please check all that apply:

- Local arts organization                       Local school                       Community organization

Is it a 501(c)3? (Please submit a copy of tax-exempt certificate)                      yes                      no

What is your organization's mission? Please submit mission statement and the organization's website address:

\_\_\_\_\_

What is your relationship with the organization? \_\_\_\_\_

What is your relationship to Wet Paint? \_\_\_\_\_

What is the organization's relationship to Wet Paint? \_\_\_\_\_

Has the organization received a donation from Wet Paint in the past?                      yes                      no

## About the Donation

The name and type of event at which the donation will be used: \_\_\_\_\_

The event's goal: \_\_\_\_\_

What will the donation be used for?                      Auction Item                      Prize Item  
Other: \_\_\_\_\_

The exact donation you are seeking: \_\_\_\_\_

## Logistic Basics

Date needed: \_\_\_\_\_ Who will pick it up? \_\_\_\_\_

Phone number or email of pick up person: \_\_\_\_\_

## Please mail this form to:

**Wet Paint, Inc.--Donation Request**  
**ATTN: Scott Fares**  
**1684 Grand Avenue**  
**St Paul, MN 55105**  
**email: [scott@wetpaintart.com](mailto:scott@wetpaintart.com)**

## For Wet Paint Use

Date received: \_\_\_\_\_ Approved/Declined                      Date of Reply \_\_\_\_\_