

Charitable Donations Request Form

Organization or Company Name:			
Contact Name:			
Phone Number:			
Mailing Address:			
		Country:	
Organization or Com	pany Website:		
501 C(3): ☐ Yes ☐ No		Date Donation is Needed:	
Type of Request	☐ Monetary Donation/Sponsorship: Amount \$		
	☐ In-Kind Donation:	Item(s) Requested	
Has Kovacs donated	to your company or o	rganization in the past (Yes or No):	
		of your organization or company, what the donation	
is to be used for, and	what the impact will	be	

Please return the form to info@kovacsicedrillingequipment.com