

Donation Request Form

Tropical Breeze Fun Park strives to be a good corporate citizen. We recognize there are many causes worthy of support, and make every effort to donate to as many organizations/charities as possible. Tropical Breeze Fun Park will try to respond to your request as quickly as possible, Due to the large number of requests we receives each week, we ask that organizations meet the requirements below and follow the correct procedures to maximize the support that we can provide to our community.

We try to fulfill as many requests as possible in a timely fashion, but please be aware that we cannot guarantee that every donation request will be met even if your organization meets our requirements. We do request at least four week notice for all donations.

Before you begin ...

- Is your organization or event clearly nonprofit or charitable? Non-profit organization that has 501(c)(3) IRS designation unless the fundraiser is a benefit for an individual
- Organization located in the state of Florida or within 30 miles of our location
- Item must be used to raise money in an auction or raffle
- Request should be received at least 4 weeks prior to event We review donations once a month

We are happy to help your cause and bring a smile to someone's face with a donation from our Family Fun Center.

Your Name Today's Date								
Your Phone Your email								
About Your Organization								
1.The or	ganization seeking the dona	ation						
s it a 501(c) 3? (Please submit a copy of the tax-exempt certificate) yes / no								
2. Has it	received a donation from u	s in the past yes/no						
3. Your i	relationship to the organiza	tion						
4. Organ	ization's Executive Directo	r/Principal/President		email		ph		
5. Orgar	izations Fundraising/Devel	opment Chairperson		email		ph		
5. Organ	ization's Address		city	state	zip			
About The Donation 1.The name and type of event at which the donation will be used								
2. Event date time location Estimated Attendance								
3. What will the donation be used for □auction item □ raffle item □ prize item □other								
4. Donation request □Family Fun Pack □ Free Attraction □ Birthday Party								
5. Recog	nition to donors (at the eve	nt, prior, subsequent) _						
	c Basics							
1.	Date needed	Time needed						
2. 1	Who will pick up donation	Person's cell pho	ne	email				

About You

How did you hear about us? Check all that apply \Box Friend/relative \Box Ad in paper \Box Radio \Box TV \Box Internet search \Box mailer \Box attended a party \Box attended a fundraiser

Are you $\ \square A$ Facebook Fan $\ \square$ Twitter follower $\ \square$ VIP member $\ \square$ Birthday club member

Have you been here before? yes/no Would you be interested in hosting a fundraiser here? Yes/no What other groups/organizations are you a member of

The fine print

We do not donate cash. If you need to raise money please ask us about our amazingly simple **FUN**draising program. Call Bob at 239.574.3939 or email info@tropicalbreezefunpark.com

Office Us: Date received ________

Please mail/fax/email this form to: Bob Trimarchi/Tropical Breeze Fun Park 234 Santa Barbara Blvd. Cape Coral, FL 33991 email bob@tropicalbreezefunpark.com

Thank You for your request – Best of luck with your event!

If your group is interested in hosting a FUNdraising event with Troical Breeze Fun Park contact Bob@tropicalbreezefunpark.com. We want to help you with your FUNdraising event.

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TropicalBreezeFunPark.com

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