



Donation Request Form

Date: _____

Contact Info:

Name _____ Phone _____

Company/Organization _____

Address _____

City/State/Zip _____

Type of Request: (circle one)

Education

Non-Profit

Golf

Political/Government

Other

Event Name: _____

Purpose of Donation:

Amount Requested \$ _____

Fax this *Donation Request Form* to:

Prairie Island Indian Community

c/o Donation

5636 Sturgeon Lake Road

Welch MN 55089

Fax: 651 385 4180