

GIVING REQUEST FORM



Complete this form and email it to kelly.field@imtins.com. Or print and mail to: IMT Insurance, Attn: Giving Request, 7825 Mills Civic, West Des Moines, IA 50266

GIVING REQUEST TYPE:

Event Sponsorship Organization Sponsorship or Donation Auction Donation

ORGANIZATION NAME: _____

WEBSITE URL: _____

CONTACT FIRST NAME: _____ **CONTACT LAST NAME:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMAIL: _____ **PHONE:** _____

AMOUNT REQUESTED: _____

GIVING REQUEST DETAILS:

Briefly tell us about your organization, giving request, and why you have selected IMT Insurance as a potential donor. **Please limit the details to 200 words.** We also encourage you to attach any additional relevant information, including a letter, photos, flyer, brochure, etc. about your organization.

HAS IMT INSURANCE SUPPORTED YOUR ORGANIZATION/BUSINESS IN THE PAST? Yes No

If so, please share when and in what capacity: _____

REFERRAL: _____

Questions? Contact Kelly Field at 515-453-0362 or kelly.field@imtins.com.