



Jennifer Green Foundation

Donation Request Application

DONATION REQUEST APPLICATION

School (please specify elementary, middle, or high school): _____

Contact Person: _____ Title: _____

Contact Email: _____ Contact Phone: _____

Items Needed (if needed attach additional pages): _____

Do you need these items by a certain date? Yes No If yes, when do you need it by? _____

Printed Name: _____

Signature: _____

Date: _____

Please feel free to contact us if you have any questions.
Elizabeth Gregory, President
P.O. Box 928
Springfield, TN 37172
615.389.3499
JenniferGreenFoundation@gmail.com

FOR OFFICE USE ONLY

Requested Date: _____

Approved Date: _____

Items Delivered: _____

Date Delivered: _____

Foundation Member Signature:
