



ABOVE AND BEYOND. BY DESIGN.

# City of Overland Park Donation Request Form

Thank you for your interest in a donation from the City of Overland Park Recreation Services Department. The department believes that giving back and providing opportunities for local organizations to grow is crucial in the development of those organizations. The department is pleased to support charitable organizations which positively impacts our community through the donation of day passes to our community centers and/or swimming pools. Please complete the following form and return by mail or e-mail at least **2 weeks** prior to the event to the following address or e-mail address: REQUESTS SENT VIA FAX WILL NOT BE ACCEPTED.

**Donation Coordinator, Recreation Services Department, 8101 Marty St., Overland Park, KS 66204**  
**OR**  
**oppr@opkansas.org**

### Organization Information

Organization Name: \_\_\_\_\_  
Organization Address, City, State, Zip: \_\_\_\_\_  
Organization Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Organization E-mail (required): \_\_\_\_\_  
501(c)(3)# or Tax Exempt Number: \_\_\_\_\_

### Contact Person Information

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Contact E-mail (required): \_\_\_\_\_  
Contact Cell Number : \_\_\_\_\_ Work/Home Number: \_\_\_\_\_

### Event Information

Event Name: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Event Date and Time: \_\_\_\_\_  
Projected Attendance: \_\_\_\_\_ Cost per Person (if applicable): \_\_\_\_\_  
Item To Be Used For (Door Prize, Silent Auction, Live Auction, Etc.): \_\_\_\_\_  
Would you prefer community center, swimming pool or a mixture of both day passes? \_\_\_\_\_  
Event Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Due to the volume of requests, Recreation Services will limit our donations to non-profit, charitable 501(c)(3) organizations or those events benefiting a charitable 501(c)(3). We cannot give out memberships or gift certificates. Requests must be received two (2) weeks prior to your event. We cannot fill requests without proper advance notification. One donation will be given per calendar year.

**A submitted request does not guarantee a donation.**

\*\*\*\*\* **FOR OFFICE USE ONLY** \*\*\*\*\*

Received: \_\_\_\_\_ Status: Accepted \_\_\_\_\_ Declined: \_\_\_\_\_ Why? \_\_\_\_\_  
Item Sent To Organization: \_\_\_\_\_ Date Sent: \_\_\_\_\_