



**Pizza Mizza Corporation**  
**Donation Request Form**

**Organization Making the Request:** \_\_\_\_\_

\_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Tax Identification Number:** \_\_\_\_\_

**Reason for the Request:** \_\_\_\_\_

\_\_\_\_\_

**What Amount or Type of Donation:** \_\_\_\_\_

\_\_\_\_\_

**Deadline for Donation:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_