

**DONATION REQUEST FORM****We support our campus community!**

Need sponsorship for a student group or department special event?

Complete the form and return to Gloriann Chavez, SBVC Bookstore.

**Name of Activity/Organization** \_\_\_\_\_

**Contact** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

1. Briefly describe the event and reason for your request

\_\_\_\_\_  
\_\_\_\_\_

2. Expected number of participants at the event? \_\_\_\_\_

3. Date of event? \_\_\_\_\_

4. Date the donation is required by and who will pick-up?

\_\_\_\_\_

5. Will the SBVC Bookstore's donation be acknowledged?

\_\_\_\_\_

Email your request to: [gchavez@sbccd.cc.ca.us](mailto:gchavez@sbccd.cc.ca.us)

**Send to:**

Gloriann Chavez  
SBVC Bookstore Manager  
701 S. Mt. Vernon Ave  
San Bernardino, Ca 92410  
Fax: (909) 381-9332