



Galloway Baseball Club

3011 Columbus Street, STE 201

Grove City, Ohio 43123

donations@gallowaybaseball.com

Donation Request Form

Date: ___/___/___

Organization Name: _____

Organization website: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Title: _____

Contact Email: _____ Contact Phone: _____

Date of Activity: _____ # of Participants: _____

Description of services provided and community served:

Name and Description of Event or Activity:

Signature: _____

Signature: _____

Date Approved: _____