



NOVEC HELPS Request for Donation | Volunteers
10432 Balls Ford Road, Suite 220, Manassas, VA 20109-2516

Requests are reviewed by the NOVEC HELPS Board of Directors and Officers.

Agency/Organization Name _____

Agency 501 (c) (3) # _____

Address _____

Contact Person & Title _____

Office phone _____ cell _____ fax _____

email _____ website _____

Donation Requested \$ _____ Sponsorship Level _____

Sponsorship Benefits _____

Volunteers Requested How many? _____ What time(s)? _____

If this monetary donation request is associated with an event, please complete:

Event Date _____ time / details _____

Event Name _____

Event Address _____

Deadline Date for donation / volunteer commitment & publicity _____

NOVEC employee involved with agency/organization: _____

Check box if NOVEC employee submitted request. Name _____

Please briefly describe below how the donation of money and/or volunteers will benefit your organization and its mission. What percentage of this donation will be going directly to the program/services described?

Signature _____

Date _____

Make check payable to: _____

Send check to: NOVEC EMPLOYEE REQUESTING AGENCY/ORG

Mail completed form to address above or scan/email to AArnold@novec.com

NOVEC HELPS EIN # 27-2962624

This section for NOVEC HELPS board and officers only.

Accepted Donation Amount Approved \$ _____

Project Coordinator _____

work phone _____ cell _____ fax _____

Declined Reason _____

Agency Contacted By _____ Date _____

Percentage of Donation going to Program/Services _____%