

HILLTOPPER REFUSE & RECYCLING SERVICE INC.

DONATION REQUEST FORM

In order to make informed decisions on donations, we ask that your organization complete this form in its entirety. Please fax form to (608)783-6743, return form to the office or mail form to:

Hilltopper Refuse & Recycling Service Inc.
W6833 Industrial Boulevard
Onalaska, WI 54650

Requests are reviewed the first week of every month and only approved applicants will be notified by mail.

Organization _____

Contact Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Non-Profit Federal Tax ID Number _____

1. Purpose of your organization _____

2. Geographical region your organization covers _____

3. How will this donation be used? _____

4. Who will benefit from this donation? _____

5. What type of donation are you requesting? Circle one. MONEY or SERVICE

6. What amount or service are you requesting specifically? _____

7. Will Hilltopper Refuse & Recycling Service be acknowledged? How? _____

We appreciate you taking the time to help us make a decision on this request. Should the request be denied for budgetary reasons, please feel free to make future requests.