



DONATION REQUEST FORM

Today's Date: _____

Your Organization's Name: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Reason for Request:

Date Needed: _____

Explain what your organization does:

Please complete and return form to:

SECA
Attention: Donation Requests
PO Box 67
Quarryville, PA 17566

SECA Mission Statement

To create recreational opportunities for the residents of Southern Lancaster County

SECA is a 501c3 non-profit organization.

Approval by Board of Directors

Yes or No

Signature: _____

Date: _____