



SOUTH CAROLINA STINGRAYS DONATION REQUEST FORM

Name of Organization Requesting Donation _____

Contact Person _____ Ph. _____ E-mail _____

Date of Event _____ Event Name _____

Address for Donation to be Sent: _____

City _____ State _____ Zip _____

FOR INTERNAL USE ONLY

Date Fulfilled: _____

Item Sent: _____

Entered in DB: _____

**Please Mail To:
South Carolina Stingrays
3300 W. Montage Ave. Suite B-302
North Charleston, SC 29418
OR
Fax to 843-744-2898**

Please allow 2-3 weeks for processing.