

# Donation Request Form

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**Date**

**Union Members Name**

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**Union Members Contact Number**

**Union Members Email Address**

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**Organization Information**

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**Organization Name**

**Contact Number**

**Email Address**

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**Address**

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**City**

**State.**

**ZIP Code**

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**Organization / Business Type**

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**Contact Name**

**Any Relation to Union Member**

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**Additional Information**

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**Reason for Donation Request**

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CWA Local 2105  
2 W. Potomac Pkwy  
Williamsport, MD 21795  
301-582-2105