



## HOFF FINANCIAL SERVICES **Donation Request Form**

*Thank you for your interest in applying for a donation from Hoff Financial Services. To ensure we provide support to those in need in a responsible and meaningful way, please fill out the form completely. Incomplete forms will not be considered.*

### **Section 1: Basic Information**

1. **Full Name of Applicant/Organization:**
  
  2. **Contact Person :**
  
  3. **Phone Number:**
  
  4. **Email Address:**
  
  5. **Mailing Address:**
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### **Section 2: Purpose of the Donation**

1. **Type of Request** (Please check all that apply):
  - ☐ Individual Assistance
  - ☐ Community Event/Program
  - ☐ Charitable Organization Support
  - ☐ Educational Initiative
  - ☐ Other (Please specify): \_\_\_\_\_
2. **Amount Requested:**  
*[Dollar Amount]*

**3. Brief Description of the Purpose:**

*[Explain what the donation will be used for. Be specific and clear about the project, event, or need.]*

**4. Why is this cause important?**

*[Provide a compelling reason why Hoff Financial Services should support this cause.]*

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**Section 3: Eligibility Criteria**

To ensure fairness, please confirm the following:

**1. Is your organization registered as a 501(c)(3) nonprofit?**

- ☐ Yes
- ☐ No

**2. Have you or your organization previously received funding from Hoff Financial Services?**

- ☐ Yes
- ☐ No

**3. Does your cause serve the local community?**

- ☐ Yes
- ☐ No
- ☐ \_If yes, please explain how: \_\_\_\_\_

**4. Are there any potential conflicts of interest with Hoff Financial Services or its employees?**

- ☐ Yes
- ☐ No

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**Section 4: Accountability and Transparency****1. How will the requested donation from Hoff Financial Services be allocated?**

*[Provide a clear and itemized breakdown of how the funds will be used.]*

**2. Can you commit to submitting a report detailing the impact of the donation upon completion of the project?**

- Yes
- No
- \_If yes, please describe the format and timing of the report: \_\_\_\_\_

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**Section 6: Agreement and Certification**

By signing below, I certify that the information provided is accurate and truthful to the best of my knowledge. I understand that Hoff Financial Services reserves the right to deny funding based on its own criteria, including but not limited to financial stability, purpose, and alignment with Hoff Financial Services' mission. I also agree to provide updates and accountability for the use of the requested donation.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Submission Instructions:** Please submit the completed form along with all required documentation to the following:

- Email: [info@teamhoff.com](mailto:info@teamhoff.com)
- Mailing Address: 410 E La Salle Ave. Barron, WI 54812

For inquiries or further questions, contact us at 715-455-1968.