

NEXUS UGANDA LIMITED

DONATION REQUEST FORM

DATE ____/____/____

ORGANISATION NAME _____

ADDRESS _____

CITY _____

CONTACT NAME _____

CONTACT TITLE _____

CONTACT EMAIL _____

CONTACT PHONE _____

Description of services provided and community served:

Name and Description of Event or Activity

Date of activity ____/____/____ through ____/____/____

Anticipated nature of participants _____

Description of whether the solicitors of the donation are public officials or relatives of public officials

Signature _____