



**LEIGHTON LEGAL GROUP, LLC
DONATION REQUEST FORM**

Date of Request: _____

Event: _____

Date of Event: _____

Organization: _____

Federal Tax ID #: _____

Contact Person: _____

Daytime Phone: _____

Fax: _____

Email: _____

Description of Event: _____

How will our donation benefit the event? _____

Address to mail donation to: _____

Please send your completed request form to:

Leighton Legal Group, LLC
802 North Clinton Street, Suite One
Bloomington, IL 61701
Fax: (309) 828-7616