

REQUEST FOR DONATION

Although we receive many more requests than we can financially support, we want to be as supportive of our community as possible. Please answer all of the questions on this form so that we can evaluate your request. We will notify you of our decision by phone or letter within one week after you complete this form. Thank you for bringing this opportunity to our attention.

Name of organization requesting donation: _____

Address: _____

Phone: _____ Fax: _____

Briefly describe the organization and its purpose: _____

Your Name: _____

Your Address: _____

Your Phone: _____

Type of Request *(Use reverse side if you need more space.)*

Merchandise

Specific item requested: _____

How will it be used? _____

Event: _____

Date/Time: _____

Place: _____

Who will attend? _____

How many will attend? _____

Is media coverage planned? _____

Advertisement

Size of ad: _____

Cost of ad: _____

Name of publication: _____

Deadline: _____

Cash Contribution

Amount: _____

Date Requested: _____

How will it be used? _____

Some information about you *(Use reverse side if you need more space.)*

1. Have you or your organization received a donation from us previously? If so, when and what was donated? _____

2. Is your organization a customer of our shop? When was the last purchase? _____

3. Is there a florist member in your organization? _____

4. Are you a customer of our shop? When was your last purchase? _____

5. What else is being donated for this event? By whom? _____