

Donation Request Form 2012

1. Name of organization or group \_\_\_\_\_
2. Name of contact person \_\_\_\_\_ Phone \_\_\_\_\_
3. Are you a charitable \_\_\_\_\_ or non charitable organization \_\_\_\_\_
4. Is this a fundraiser \_\_\_\_\_ or social event \_\_\_\_\_
5. Do you require a prize \_\_\_\_\_ or donation of merchandise \_\_\_\_\_
6. How will our shop be promoted? \_\_\_\_\_
7. Will tickets for this event be made available on a contra basis? \_\_\_\_\_
8. Are you approaching other florists as well? \_\_\_\_\_
9. When is your donation required? \_\_\_\_\_
10. Please make note that we are regular supporters of Rotary, Women's Business Network, our church, PSO, the Theatre Guild and the schools that our student employees attend. We will call only if we are able to assist with a donation.

Date: \_\_\_\_\_ Date returned \_\_\_\_\_

Approved by \_\_\_\_\_