



REQUEST FOR DONATION FORM

Each year, our company allocates a budget to support community activities through contributions. We are pleased to do our part to assist your organization's programs. However, requests have become so numerous that they exceed our financial capabilities. Therefore, in order to fairly distribute our support to as many organizations as possible, this form must be completed and submitted for proper evaluation and consideration. Thank you for your cooperation

Date: _____
 Name of Organization/Group: _____
 Address: _____ Phone: _____
 Name of President/Manager: _____
 Address: _____ Phone: _____
 Your Name: _____
 Address: _____ Phone: _____
 Purpose of fund raiser/event: _____

	Yes	No
Is this a Non-Profit organization?	<input type="checkbox"/>	<input type="checkbox"/>
Has this organization received support from us this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did this organization receive support from us last year?	<input type="checkbox"/>	<input type="checkbox"/>
Will specific mention be made of our support?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how? _____		
Is this organization a customer of our firm?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a customer of our firm?	<input type="checkbox"/>	<input type="checkbox"/>
Are any members of your group or event floral professionals?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, who? _____		
Are any members of your group associated with our employees?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, who? _____		

If a cash donation is being requested, please complete the following:
 Amount requested \$ _____

If a product donation is being requested, please complete the following:
 Specific product desired: _____

How many people will attend? _____
 Are the following being donated; and if so, by whom?

	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>		Facility _____
<input type="checkbox"/>	<input type="checkbox"/>		Food _____
<input type="checkbox"/>	<input type="checkbox"/>		Entertainment _____
<input type="checkbox"/>	<input type="checkbox"/>		Other Merchandise _____
<input type="checkbox"/>	<input type="checkbox"/>		Printing _____
<input type="checkbox"/>	<input type="checkbox"/>		Publicity _____

Date Donation needed? _____
 Who will pick up the donation? _____ Phone: _____

FOR OFFICIAL USE ONLY	ORDER# _____
Date received _____	Checked by _____
Description _____	Cost \$ _____
Remarks _____	
If refused, reason _____	