

Donation Request Form

Name of Organization:

Non-Profit #:

Telephone #:

Address:

Is this organization a customer of ours?

Have we supported you in the past? When?

Contact Person:

Telephone #:

Are you a customer of ours?

Event Date:

Description of the event:

Purpose of the event:

Flower Request:

Will specific mention be made of our support?

If yes, how?

Who will pick up the donation?

_____ Telephone #

Date Needed:

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Office Use Only

Approved: _____ If yes, Order #

Description of

Donation _____

Owner

Signature _____