Bitterroot
Flower Shop
(406) 542-0309

Today's Date: _____

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: _____

■■

Office Use Only

Approved: _____ If yes, Order #: _____

Description of donation: _____
_____
_____

Owner Signature: _____