



Donation Request Form

Today's Date: _____ Date of Event: _____

Name of Organization: _____

Address: _____

Name of Primary Contact: _____

Phone No. (_____) _____

Email Address: _____

Check one of the following:

- I wish to take 10% off my in-store purchase today, on behalf of the organization listed above.
- I wish to have 10% of my purchase amount today donated to the organization listed above.

For Office Use Only – Do not write below this area

Donation Approved by: _____

Date of Sale: _____

Sale Amount (before tax): \$ _____

Total Discount Applied: \$ _____

Customer did not use 10% discount in store. Instead, chose to send 10% donation/fundraising check to:

PLEASE ATTACH COPY OF CUSTOMER RECEIPT & GIVE TO ACCOUNTING DEPARTMENT