

Donation Request Form

PLEASE SUBMIT AT LEAST 2 MONTHS PRIOR TO EVENT. THANK YOU.

| Contact Name: | |
|---|---|
| Organization: | Tax ID #: |
| Organization Address: | |
| Phone: () | Email: |
| Event: | Date(s): |
| Event Theme: | Event Location: |
| Purpose for raising funds: | |
| Estimated # of Attendees: Previous # of | Attendees: Average Age: |
| Type of donation you are requesting: Silent Auction: | Balloon Pop: Raffle: Mystery Box Raffle: |
| Requesting Balloon Pop or Raffle? If yes, how many | tickets will you be selling and at what price each? |
| Will you be needing our display cube? If yes, will you | u need: glass top, display stand, or both ?: |
| Are we the events exclusive jeweler?: If no, how ma | any other jewelers will be participating?: |
| What [Jewelers] would receive: (Please check all that apply.) | |
| [] Ad in program. Size/print dimension specifications: | |
| [] Ad on website. Size/resolution specifications: | |
| Name and logo on print advertising. Publications: | |
| [] Name and logo on banners or event signage. Location(s): | |
| [] Tickets to the event. Quantity: | |
| Other: | |

^{*}As follow-up after the event, we ask that you notify us with how much was raised from our specific donation item(s) as well as the name and contact information of the winner. Thank you - we wish you a successful event!