

# DONATION REQUEST FORM

Please complete the following field. Your signature is required to complete the form.

\*Required field

Name of Organization *	
Event Title *	
Date of Event *	
Date donation is needed by *	
Are you a non-profit organization? *	Yes or No
Federal Tax Identification Number	
Mailing Address *	
Organization Web Address	
Primary Contact *	
Contact Title *	
Contact E-mail Address *	
Contact Telephone *	

Please list any Yamamotoyama Employees involved in your organization\*

Please provide a brief overview of your organization and its mission\*

Briefly describe the nature of your request (i.e. auction gift, tea for serving, etc...)\*

If we are able to donate, will someone from your organization be able to pick up donation from our Pomona office?\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date