

Donation Request Form



FORM MUST BE ACCOMPANIED BY A ONE PAGE FLYER USED TO MARKET EVENT

ORGANIZATION INFORMATION

Organization Name Date

TAX EXEMPT NAME, ADDRESS AND CERTIFICATE NUMBER

Contact Name
Address
City State
Zip Code Email
Phone Tax Exempt #

DONATION TYPE

Item If item, please include suggestions _____
 Gift Card If gift card, please specify amount requested _____

PURPOSE FOR DONATION AND DEADLINE

Please provide the purpose in which the donation will be used, as well as the date donation is needed by:

Are you a current LeiMarie Limited Customer?

Yes No

If yes, please provide the date of your last purchase. _____

Any additional information you would like to include?