



REQUEST FOR DONATION FORM

FAX: 252-8916

Order # _____ (office use only)

Each year, our company allocates a budget to support community activities through contributions. We are pleased to do our part to assist your organization's programs. However, requests have become so numerous that they exceed our financial capabilities. Therefore, we must fairly distribute our support to as many organizations as possible. In order for us to evaluate your request, we ask that you complete this form. Thank you for your cooperation.

Date _____
Name of Organization or Group _____
Address _____ Phone _____
Name of president/manager _____
Address _____ Phone _____
Your Name _____
Address _____ Phone _____

Is this organization a customer of our firm? []Yes []No
Are you a customer of our firm? []Yes []No
Is this a for-profit or nonprofit organization []For-profit []Nonprofit
Has this organization received support from us this year? []Yes []No
Did this organization receive support from us last year? []Yes []No
Are any florists members of your group or participating in your event? []Yes []No
If yes, who? _____
Will specific mention be made of our support? []Yes []No
If yes, how? _____
Are you or is your group associated with any Gainan's employee? []Yes []No
If yes, who? _____
Purpose of the fund raiser/event _____

If a cash donation is being requested, please complete the following:

Amount requested \$ _____

If a donation of floral products is being requested, please complete the following:

Specific product(s) desired _____

Is a fee being charged for attendance? []Yes []No
How many people will attend? _____
Are the following being donated; and if so by whom?
[]Yes []No Facility being used _____
[]Yes []No Food being served _____
[]Yes []No Entertainment _____
[]Yes []No Other merchandise _____
[]Yes []No Printing _____
[]Yes []No Publicity _____
Who will pick up the donation? _____ Phone _____
Date needed _____

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Date received _____ Checked by _____ Cost _____

If refused, reason _____

Description _____

Remarks _____
