## **DONATION REQUEST FORM**

## PAM'S FLOWER GARDEN

## 793 Princess Street, Kingston, ON K7L 1E9

Tel: 613-549-8160 Fax: 613-530-2189 Email: pamsflowergarden@gmail.com

Website: www.pamsflowergarden.com

At Pam's Flower Garden, we contribute to a large number of worthwhile and charitable causes. We do so gladly, because we would like to play an active and positive role in our community. However, we receive hundreds of requests like yours for consideration. In order for us to properly evaluate all requests, and for our records, we ask you to complete this short questionnaire. We will notify you as soon as possible if a donation request is approved, usually within a week.

Thank you for helping our comm	nity.					
Organization Name	Name Charitable ID#					
Organization Address:						
Contact Person	Phone #					
Contact Person's Email Address:						
Place of Event	Date & Time of Event					
Expected Attendance						
Geographic Profile of Attendees						
How will Pam's Flower Garden'	name/donation be promoted?					
Has your organization requested	r been given a donation from us in the past? No / Yes					
If yes - When?	yes - When? If yes - What did we give					
If you are asking for a specific do	nation, please state what it would be					
How will our gift be used?	oor Prize Raffle Prize Silent Auction Othe	er				
If you are asking other businesse	for donations, what is the nature and approximate value of the gift you a	re receiving?				
Would you like to receive emails new arrivals? Yes	From Pam's flower Garden on a regular basis, letting you know about our No	r specials and				
Signature	Print Name					
Date						
Data Pagaiyad	Approved by					