

# **DONATION REQUEST FORM – TILLIE’S FLOWER SHOP**

Each year our company allocates a budget to support community activities through contributions. We will always try to do our part to make your organizations programs. However, requests have become so numerous that they exceed our financial capabilities. Therefore, we must put some structure to our donations to fairly distribute to as many organizations as possible. The purpose of this form is to aid us determining if we will be able to make a contribution at the time requested. We thank you for your cooperation and taking the time to fill this request out completely. If a donation is granted this authorizes Tillie’s Flower Shop to use the organizations name as a donation recipient in any of Tillie’s Flowers Shop advertising.

***Please return this completed form 30 days prior to your event to enable us to process it.***

Name of Organization \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Name of President \_\_\_\_\_ Organization Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name of Person Making This Request \_\_\_\_\_ E-mail \_\_\_\_\_

What is the purpose of your organization? \_\_\_\_\_

Is this a for-profit or non-profit organization?  for-profit  non-profit  
Will a current copy of your mailing list be available to us?  yes  no  
Have you received previous donations from us?  yes  no When? \_\_\_\_\_  
Is this organization a customer of our company?  yes  no Acct # \_\_\_\_\_  
If the organization is not a customer, what prompted you to request a donation from this company?  
\_\_\_\_\_

Are you (person making request) a customer of our company?  yes  no Acct # \_\_\_\_\_  
Are any other florists members of your group or organization?  yes  no  
If so, who? \_\_\_\_\_

Are other florist being contacted with this or similar request also? \_\_\_\_\_

What type of donation are you looking for? Please be specific.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you be using it? \_\_\_\_\_  
Will it be raffles, auctioned or sold after the function?  yes  no  
How and when will Tillie’s Flower Shop be mentioned and recognized? \_\_\_\_\_  
\_\_\_\_\_

Who is authorized to pick up this donation? \_\_\_\_\_ Their Phone# \_\_\_\_\_  
Date of event \_\_\_\_\_ Time needed to be picked up \_\_\_\_\_  
Who will be attending? \_\_\_\_\_ How many will attend? \_\_\_\_\_

Please do not below this line – for office use only.

Value \$ \_\_\_\_\_ Invoice# \_\_\_\_\_  
Item (s) Donated is:  Approved  Declined  Further info needed by Date \_\_\_\_\_

Officers signature \_\_\_\_\_

Please mail or fax to our office located at:  
PO BOX 2489  
Wichita, KS 67201  
Phone: 316-687-0630  
Fax: 316-687-0248