



4940 MATTERHORN DRIVE
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REQUEST FOR DONATION

We use this form as a means of equalizing and more fairly dividing the amounts we are able to allow for such purposes. Such requests have become so numerous, that accomodating all of them is far beyond our financial capabilities. Thank you for your cooperation.

Organization Requesting Donation _____ Date of Request _____

Address _____ Phone _____

Purpose For Which Donation Is To Be Used _____

Date of Event _____ Time of Event _____ Address of Event _____

Type of Donation Requested _____

Has the organization had donations from us this year? YES NO In previous years? YES NO

How often do you purchase flowers? _____

For what occasions? Sympathy Birthday Anniversary Get Well Holiday Personal Use

What stores do you purchase flowers from? _____

How will Engwall be recognized for the contribution? _____

Is the organization an Engwall customer? _____ Is the organization a customer of other florists? _____

Name Of Person Making Request _____ Phone _____

Are you a customer of our shop? _____ Approximate Date Of Last Purchase _____

If not a customer, who or what prompted you to make this request of us? _____

This request must be filled out and returned 14 days prior to the date needed in order to fairly evaluate it. Please email the form to engwalls@engwalls.com