

FAMILY FLOWERS

DONATION REQUEST FORM

**NOTE: This form must be filled out at least 4 weeks prior to the date of the event. We receive thousands of donation requests each year, and due to requests well beyond our financial abilities, we must limit donations. We cannot always guarantee a response due to the volume of requests we receive. Thank you for thinking of us for your floral and donation needs!*

Today's Date: _____ Date of Event: _____ Estimated Attendance: _____

Your Name: _____ Title: _____ Phone: _____

Email: _____ Name of Organization: _____

Organization Website: _____ Approximate Number of Active Members: _____

Is your Organization a Non-Profit 501(c)(3)? Yes No

How long have you (or your organization) been a customer? _____ *Key Factor in our Decision

Which of Our Locations are you requesting the donation from: _____
(Include Store Name and City/Address)

List ways that our company and donation will be specifically announced/advertised: _____

Describe the event and how our support/donation will be utilized: _____

List Other Donations and Contributions by Other Businesses Below for this Event:

Company:	Donation/Support:	Retail Value:
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We prefer a: Flower Arrangement or Gift Certificate Value Requested: \$_____

Do you request the arrangement or gift certificate is: Delivered to Event OR We will Pick Up

When Complete, Scan and Email this Form to: donations@familyflowers.com