

DONATION REQUEST FORM

SUBMIT THIS FORM AT LEAST 30 DAYS PRIOR TO EVENT

YOUR NAME

NAME OF ORGANIZATION

ADDRESS

CONTACT NUMBER

NON-PROFIT #

KEN'S ACCOUNT #

IS THIS ORGANIZATION A CUSTOMER OF KEN'S FLOWER?

HAVE WE SUPPORTED THIS ORGANIZATION IN THE PAST?

EVENT DATE AND DESCRIPTION

DONATION REQUEST

WILL SPECIFIC MENTION BE MADE OF OUR SUPPORT? IF YES, HOW?

DATE NEEDED BY

PLEASE RETURN COMPLETED FORM TO ANY KEN'S FLOWER SHOP

FAX: 419.874.3441

EMAIL: [KENSCUSTOMERSERVICE@MSN.COM](mailto:KENSCUSTOMERSERVICE@MSN.COM)