



# Request For Donation

This form was proposed by the Engwall Florist auditing firm as a means of equalizing and more fairly dividing the amounts we are able to allow for such purposes. As you probably realize, such requests have become so numerous, that accommodating all of them is far beyond our financial capabilities. Thank you for your cooperation.

Organization requesting donation \_\_\_\_\_ Date of request \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

President or Head of this organization \_\_\_\_\_

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 previous donations from us this year? \_\_\_\_\_ In previous years? \_\_\_\_\_

Will Engwall receive promotion as a result of this donation? \_\_\_\_\_

Is this organization a customer of Engwall Florist and Greenhouses? \_\_\_\_\_ Is this organization a customer of other florists? \_\_\_\_\_

Is there a member of this organization who is a florist? \_\_\_\_\_ If so, who? \_\_\_\_\_

Name of person making this request \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Are you a customer of our shop? \_\_\_\_\_ Cash, charge or credit card? \_\_\_\_\_

How long have you been a customer? \_\_\_\_\_ 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 within fourteen (14) days prior to the date needed, in order that we may fairly evaluate it. Please fax to: 727-8890

