

DONATION REQUEST- BEAVERTON FLORISTS, INC.

4705 SW Watson Ave, Beaverton, OR 97005

Phone 503-644-0129

www.beavertonflorists.com

Fax 503-644-2086

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 Beaverton Florists, Inc. to use the organizations name as a donation recipient in any of Beaverton Florists advertising.

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

Name of Organization _____ e-mail address _____

Address _____

Name of President _____ Organization Phone # _____ Fax # _____

Name of Person Making This Request _____ Phone # _____ 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 florists members of your group or organization? yes no

If so, who? _____

Are other florists being contacted with this or a similar request also? _____

What type of a donation are you looking for? Please be specific. _____

How will you be using it? _____

Will it be raffled, auctioned or sold after the function? yes no

How and when will Beaverton Florists 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 _____ Date _____

Donation is Approved Declined Further info needed by Date _____

Officers signature _____