

## **DONATION REQUEST FORM**

- Your donation request is preferably received at least four (4) weeks prior to the date of your event.
- Donation request form must include all information to be considered for a possible donation.
- Please type or print clearly and completely.
- Thank you for your patience due to the volume of donation requests received, it is not always possible to respond to follow up correspondence.

## \*\*We will contact you if we are able to fill your donation request. \*\*

Organization	Name:			
First & Last Name: Email:				
Phone:     Address:				
		Event Name:		
Event Descri	iption (be specific, t	the cause, who benefits, etc.):		
What type of	f donation are you r	equesting? (check one)		
Product/Di	roduct/Discount: Gift Basket:		Gift Certificates:	
Items to be u	used for (silent aucti	on, raffle, door prize, etc):		
Will Vern's Cheese be featured in an ad or signage at this event?			Yes	No
Have you previously received a donation for this event? (check one)				No
If yes, please	e provide details:			
If your event	t is chosen, what da	te would you be in to pick up your don	ation?	
		Please return the completed form to		
		Vern's Cheese, Inc.		
		312 W Main Street		
		Chilton, WI 53014		
		il: info@vernscheese.com Fax: 920-8		
*Due to the	he number of donat	ion requests received, a submitted form	n does <b>not</b> gua	arantee a donation*
		Office Use Only:		
		Date Received:	_	
		Donation Request Filled: Yes / No		
	Donated Item(s):			

Donated Value: