

# LPSC, Inc

The Loretta Paganini School of Cooking, Inc.  
The International Culinary Arts & Sciences Institute  
Sapore Restaurant

## Donation Request Form

PLEASE PRINT CLEARLY AND CHECK FOR ACCURACY

Date of Request: \_\_\_\_\_ Date of your event: \_\_\_\_\_

Organization:

\_\_\_\_\_

501(c)3 Non-profit number: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone (Day): \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing address:

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Requesting:

gift certificate donation/ gift basket

food donation

Chef appearance

Other \_\_\_\_\_

Ship to Address (cannot be a PO Box):

---

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please explain your organization's mission and/or your event.  
Who will benefit by your efforts?

---

Is this your first request to LPSC, Inc?     Yes     No

How will LPSC, Inc. be acknowledged at your event?

---

**Submit your request**

Mail your completed request form to us at the address below, or fax it to us  
440-729-4546 attention DONATIONS.

Requests will be reviewed once monthly, the last week of each month. We appreciate  
your patience in awaiting our response; **no phone calls**, please.

Thank you for contacting LPSC, Inc.

LPSC, Inc  
Attn: Donation Request  
8613 Mayfield Road  
Chesterland, OH 44026