

GourmetGiftBaskets.com

Donation Request Form

266 Route 125, Kingston, NH 03848 Phone: 603-606-5269 Fax: 603-657-9083

Each year, our company allocates a budget to support community activities through contributions. We are pleased to do our part to assist your organization's programs. However, requests have become so numerous that they exceed our financial capabilities. Therefore, we must fairly distribute our support to as many organizations as possible and ask that you complete this form. The purpose of this form is not to deter donations, but to determine if we are able to make a contribution at the time of request. If a donation is granted, this authorizes GourmetGiftBaskets.com to use the organization's name as a donation recipient in any of GourmetGiftBaskets.com advertising.

Thank you for your cooperation and taking the time to make this information available. Please print clearly and return this completed request at least seven days prior to the Event date so that it can be fairly processed.

Name of Organization _____

Address _____

E-mail _____ Phone# _____ Fax# _____

Website _____

Name and Title of Person Making This Request _____ Phone # _____
E-mail _____

What is the purpose of your organization? _____

Is this a for-profit or nonprofit organization? for-profit nonprofit Tax Id _____

Will a current copy of your mailing list be available to us? yes no

Have you received previous donations from us? yes no When? _____

Are you a customer of our company? yes no How long? _____

Is this organization a customer of our company? yes no How long? _____

If the organization is not a customer, what prompted the solicitor to request a contribution from GourmetGiftBaskets.com?

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

What kind of donation are you looking for? _____

How will you be using it? _____

Will specific mention be made of our support? yes no If yes, how? _____

Place of Event _____

Who will be attending? _____ How many will attend? _____

Date of the Event _____ Date Donation Required By _____

Where do we mail the certificate?
Name _____
Address _____
City _____ State _____ Zip Code _____
Their Phone # _____