



## Donation Request Form

60 Gourmet Place, Exeter, NH 03833

Phone: 1.888.493.1002

Fax: 603-657-9083

Please print clearly and return this completed form at least 60 days prior to the event date to allow your request to be fairly processed. From October 1st to February 1st, your requests may take longer for us to process due to an overabundance of other inquires. During this time, we greatly appreciate your patience.

**If a donation is granted, this authorizes Strawberries.com to use the organization's name as a donation recipient in any Strawberries.com advertising.**

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 *Strawberries.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 # \_\_\_\_\_