

# DONATION REQUEST FORM

Please email or mail completed form at least six weeks prior to event.

McDONALD GARDEN CENTER - DONATION REQUEST

1144 INDEPENDENCE BLVD. VIRGINIA BEACH, VA 23455

Organization Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

How will the donation be used? (*silent auction, fundraiser, prize, etc.*)

\_\_\_\_\_

Event Description:

(Please attach an event description on organization letterhead.)

