

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.)

