



Donation Request Form

Completion of this form indicates a request; it does not guarantee a donation. Donation requests must be received a **minimum of 30 days prior** to the event to be considered. Please type or print.

Event Date: _____

Date Donation Needed By: _____

Organization Name: _____

Type: Business Charity Church Civic School Other

If other, please specify _____

Tax Exempt #/501c3 _____

Donation Organization

Address _____

City _____ State _____ Zip _____

Telephone# _____

Fax _____

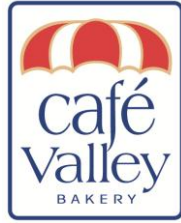
Contact Name _____ Contact

Telephone _____

E-Mail: _____

Event Name _____

Event Location _____



Event Description (please be specific; who benefits, cause, etc):

Item(s) requested: (be specific on products and quantity):

Item to be used for _____

How will a Café Valley donation benefit from this event:

Please return completed form and event flyer/brochure and/or other information on your organization's letterhead to:

**Donna Lane
Café Valley, Inc.
7000 W. Buckeye Rd.
Phoenix, AZ 85043**

DLane@cafevalley.com