

# Donation Request Form

Autry's 4 Season's  
Florist

759 NE  
Greenwood ave.  
ste 2

Bend, OR 97701

541.382.3636

- All donations will only be responded to by letter or phone call from the owner of the business if donations shall be granted
- all donation requests must be completed in full
- any additional information attached is beneficial
- We will do our best to support you in your efforts to achieve a successful event, although we may not be able to fulfill your request. we do take in consideration if you are a regular customer of ours, we prefer to help people and organizations that do business with us. Thank you!

No donations will be considered unless received 30 days prior to the event.

|                                                   |  |
|---------------------------------------------------|--|
| Today's Date:                                     |  |
| Name of Organization:                             |  |
| Contact info:<br><br>Name, phone, address         |  |
| Location and Date of Event:                       |  |
| Brief Description:                                |  |
| Principal Beneficiaries:                          |  |
| Type of Donation:                                 |  |
| Benefits Autry's will receive from participating: |  |