



FLORIST & GREENHOUSE

187 MAIN STREET, RTE 2A, COLCHESTER, VT 05446  
PHONE: (802) 878-2361 [WWW.CLAUSSENS.COM](http://WWW.CLAUSSENS.COM) FAX: (802) 878-4952

## CLAUSSEN'S ENTERPRISES REQUEST FOR DONATION FORM

THE PROCEEDS FOR THIS REQUEST MUST BE FOR A CHARITABLE CAUSE

This form has NOT been designed to deter requests. It is used as a means of equalizing and fairly dividing the amounts we are allotted per year for such purposes. As you may realize, such requests have become so numerous that, although we would love to help, they are far beyond our financial capabilities.

Thank you in advance for your cooperation and understanding!

Organization requesting donation: \_\_\_\_\_  
Address: \_\_\_\_\_  
President: \_\_\_\_\_ Person making request: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is this company a non-profit organization: \_\_\_\_\_ If not, for what purpose is the money used? \_\_\_\_\_

Are you a customer of ours? \_\_\_\_\_ For how long? \_\_\_\_\_ Do you have an account with us? \_\_\_\_\_  
Approximate date of last purchase: \_\_\_\_\_ Are others being requested for this donation? \_\_\_\_\_  
If you're not a customer, who (or what) prompted you to make this request? \_\_\_\_\_

Reason for request: \_\_\_\_\_

Date of event: \_\_\_\_\_ Location of event: \_\_\_\_\_  
Items requesting: \_\_\_\_\_

Date and time you'd like to pick up donation if approved: \_\_\_\_\_  
Other information regarding this request: \_\_\_\_\_

Please attach any additional information re: this event to this request (i.e. brochures, mailing, etc.)

**THIS REQUEST MUST BE FILLED OUT COMPLETELY AND RETURNED WITHIN 7 DAYS  
PRIOR TO DATE NEEDED SO IT CAN BE FAIRLY PROCESSED.  
PLEASE RETURN TO MELISSA MAZZA VIA EMAIL TO [MELISSA@CLAUSSENS.COM](mailto:MELISSA@CLAUSSENS.COM),  
FAX TO (802) 878-4952, MAIL TO OR DROP OFF AT 187 MAIN STREET.**

### FOR OFFICE STAFF

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_  
Decision made by: \_\_\_\_\_ Date: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ Items donated: \_\_\_\_\_  
DENIED: \_\_\_\_\_ Reason: \_\_\_\_\_  
Organization contacted by: \_\_\_\_\_ Date: \_\_\_\_\_