 **Donation Request Form**

 Please review donation policy at [www.claussens.com](http://www.claussens.com/)

187 Main Street, Colchester, VT 05446 Email typed request to ali@claussens.com

* Form must be typed in its entirety and submitted 6 weeks prior to event to allow time for review.
* Applicant must be a non-profit organization or will benefit one, and must be a customer of ours.
* One annual seasonal plant will be donated upon approval. When not available, we will substitute another plant or product.
* No monetary donations are given.

**Organizational Information**

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| Name of organization: Please enter the name of the organization. |
| Non-profit tax ID#: Please enter your tax-exempt ID number. |
| Contact name: Please enter your first and last name. |
| Contact phone: Please enter best phone number(s) to reach you at. |
| Organization address: Please enter the address of the organization. |
| E-mail address: Please enter your e-mail address. |
| Are you a customer of ours? Please choose yes or no. |
| If not, who or what prompted you to make this request? Please describe. |
| Approximate date of last purchase: Please click to enter last date of purchase. |

**Event Information**

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| Name of event: Please enter name of event. |
| Event description: Please describe event. |
| Date of event: Please click to enter date of event. |
| How will donation be used? Please describe how our donation will be used. |
| Name of individual picking up donation: Please enter first and last name. |
| Requested pick-up date: Please click to enter date of requested pick-up. |
| Have we contributed in the past? Please choose yes, no or unsure from drop down box. |
| Is so, when? Please choose date. What did we donate? Please describe. |
| Please describe any publicity or recognition we’ll receive: Please describe. |
| Additional notes for consideration: Please feel free to add any additional information you’d like us to be aware of for consideration. |

**Office Use Only**

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| Date received: Follow-up date/via: |
| Approved: Denied: Invoice #: Invoice date: Recorded: |
| Donated item & value: |
| Notes: |