



DONATION REQUEST FORM

Date of Event: _____ Today's Date: _____

Organization: _____

Is this a 501(c)(3) non-profit organization? Y N 501(c)(3) Tax ID #: _____

Contact Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Specific Request: *(i.e., merchandise suggestions and what it will be used for; ad for program book: include costs, sizes and deadline.)*

What will the funds from this event be used for?

How will English Gardens be promoted?

Which English Gardens store would you like to pick up the donation? *(please mark)*

Clinton Twp. Dearborn Heights Eastpointe Royal Oak/Troy West Bloomfield

Please attach any information to support your request. **No phone calls please.**

Send at least one month prior to date needed to:

Marketing Department
English Gardens
6370 Orchard Lake Rd.
West Bloomfield, MI 48322
FAX: 248-855-0646

English Gardens Use:

Date Received: _____

Action: _____