



Donation Request Form

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Are you or a family member/friend a client of the salon? _____

If yes please write full name of client: _____

Event Details

Name of Event or Project: _____

Date of Event or Start Date for Project: _____

We request at least 2 weeks notice of your event or project

Location or Event or Project: _____

Short Description of Event or Project with Aims and Objectives: _____

Amount Requested: _____

Need by Date: ___/___/___

Tax ID #: _____