

Soares Flower Garden Nursery

Donation Request Form

Please complete this form & submit it by mail or
in person at least six weeks before your event.

Date of request _____

Organization name _____

Tax ID # _____

Contact name _____

Contact phone _____

Contact email _____

Organization's mailing address _____

_____ Zip _____

Event name _____

Date & place of event _____

How donation will be used (silent auction, prize etc): _____

Are the funds raised in this event targeted toward a specific use? _____

Approved _____ Date _____