DONATION REQUEST APPLICATION

Date:_____

Name of Organization:_____

Contact Person:_____

Item requested for donation

_____Gift Certificate _____ Money/Check _____ Ad in Program _____Other _____

What is the fundraiser? _____

How many years has your organization been hosting this fundraiser? _____

Number of people attending fundraiser: _____

Date needed: _____

Phone number: _____

Address/City/State/Zip: _____

_____

- -

REQUEST FOR DONATION

Request is for: _____ Gift Card _____Check _____ Other _____

What will Romeo get in return _____

In the amount of:_____

Send to:

_____

_____

_____

Date needed:

_____

Approved by:

_____

Date sent:

_____

Please return form by mail, in person

or via email:

Romeo Family Restaurant

66020 Van Dyke Rd

Washington Township, MI 48095

RomeoFamilyRestaurant@gmail.com