

Antonio's Hair & Spa Zone Donation Request Form

In order to allow sufficient time to review your request, all requests should be received at least 4 weeks in advance of the event.

Name of Organization: _____ Email Address: _____

Address: _____

Name of Organizer: _____ Organization Phone Number: _____

Name of Person Making This Request: _____ Phone Number: _____

What is the purpose of your organization: _____

Is this a for-profit or non-profit organization for-profit non-profit

Date of Event: _____ Location of Event: _____

Short description of event: _____

Have you received previous donations from Antonio's Hair & Spa Zone? Yes No When _____

May we contact you to request a reciprocal donation for use at one of our upcoming charity events? Yes No

If yes, when do you require confirmation by? _____

What kind of donation are you looking for? _____

How will you be using it? _____

Will specific mention be made of our support? yes no

If yes, how?

Estimated Number of Attendees: _____

Please submit your completed form to:

Antonio's Hair & Spa Zone
3920 Grand Park Drive, Unit D5 Mississauga, ON., L5B 4M6
Fax No. 905.277.0267

<u>For Office Use Only</u>	
Date Received:	
Item Donated:	
Value: \$	
Employee Signature:	
Date:	

Thank you for your request. Only those requests accepted will be contacted.