



DONATION REQUEST FORM

Please complete this form and submit it by mail, in person or through e-mail at least 3 weeks before your event.

Wilson's Garden Center—Donation Request

* 10923 Lambs Ln * Newark * Ohio * 43055

Email: office@great-gardeners.com

Organization Name: _____

Tax ID #: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Organization's Mailing Address: _____

City: _____

Zip Code: _____

Event Name: _____

Event Date: _____

Description Of Event: _____

How will this donation be used? (silent auction, fundraiser, prize, etc.)

Have we donated to your organization in the past? If so, when?

Store Use Only

Donate: ____ Yes ____ No Person Who Approved Donation: _____

What Donating? _____

Retail Value: _____

Date Contacted Them: _____

Date Picked Up: _____

Signature Of Person Picking Up: _____