



## DONATION REQUEST FORM

Please complete this form and submit it by mail, in person or through e-mail at least 2 weeks before your event.

Dill's Greenhouse — Donation Request  
5800 Rager Rd, Groveport, Ohio 43125  
Email: info@dillsgreenhouse.net

Organization Name: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Organization's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Event Date: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Item(s) requested: \_\_\_\_\_

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

### Store Use Only

Donate: \_\_\_\_\_ Yes \_\_\_\_\_ No Person Who Approved Donation: \_\_\_\_\_

Item(s) donating? \_\_\_\_\_

Retail value: \_\_\_\_\_

Date contacted: \_\_\_\_\_

Date picked up: \_\_\_\_\_

Signature of person picking up: \_\_\_\_\_

Printed name of person picking up: \_\_\_\_\_