



Donation Request Form

PLEASE SUBMIT AT LEAST EIGHT WEEKS PRIOR TO EVENT. PLEASE PRINT.

Title of Event: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Estimated # of Attendees: _____

Average Age: _____

Expected Media Coverage: _____

Donation Requested: _____

Events Exclusive Jeweler?: _____

If No, How Many Jewelers Will Be Participating?: _____

What Mention Would We Receive During The Event?

Program Advertisement (If Yes, Please Provide Ad Size/Specs) : _____

Name and/or logo on print, TV, radio or event signage? (Please specify where):

Tickets to Event? (If yes, please provide quantity): _____

Other (please specify): _____

Please complete and fax to 952-767-0611.