



## DONATION REQUEST FORM

Please complete this form and return it to Thomsens by fax or mail. **FAX:** 320-363-4692 or **MAIL:** 29754 156<sup>th</sup> Ave. St. Joseph 56374

### Organization Information

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

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Donation Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose of Donation: \_\_\_\_\_

\_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**I certify that I am authorized to represent the above named organization or cause and that proceeds will be used for the purposes stated above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donation requests must fall within the Annual Donation Focus as determined by Thomsens. Thomsens reserves the right to deny any request which is not deemed to qualify.