

## Fleur De Lis– Request for donation or advertisement for charitable event.

This form has not been designed to deter requests, rather it was requested by our accounting department as a means of equalizing and more fairly dividing the amounts we are able to allow for such purposes. As you probably realize, such requests are so numerous they are far beyond our financial capabilities. Thank you for your understanding.

Date \_\_\_\_\_ Date of event or publication \_\_\_\_\_

Organization requesting donation \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

Purpose of request \_\_\_\_\_

Product or amount of advertising requested \_\_\_\_\_

Has your organization requested previous donations or ads from us this year? \_\_\_\_\_

Is this organization a current customer of Fleur de Lis? \_\_\_\_\_

Is this organization a current customer of other flower shops? \_\_\_\_\_

Name of person making request \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Are you a customer of our shop? \_\_\_\_\_

How long have you been a customer? \_\_\_\_\_ Date of last purchase \_\_\_\_\_

If you are not a customer, who (or what) prompted you to make this request \_\_\_\_\_

\_\_\_\_\_

List other florists being contacted for this request \_\_\_\_\_

Miscellaneous information regarding this request \_\_\_\_\_

FOR OFFICE USE ONLY				
Date Received	Received By	Approved By	If Not, Reason	Product/Amount