



Donation Request Form

Thank you for thinking of Bellanina Day Spa in your search for support for your organization. Due to the large number of requests that we receive, we ask that you please complete and return this form 60 days prior to your event. Because we do have a limited monthly budget for donations, please understand that the sooner in advance we receive your request, the more likely we may be able to help you. Thank you!

Please mail to: 201 N. Fourth Ave., Ann Arbor, MI 48104 or FAX to 734.327.0055

Date of Event: _____ Today's Date: _____

Contact Person: _____ Contact Phone: _____

Organization: _____ Email (required): _____

Is it a 501 (c)? Yes No Address: _____

Has this organization received a donation from Bellanina before? Yes No

What is your relationship to the organization? _____

What is the event for which the donation will be used? _____

What is the goal of this event? _____

How will the donation be used (door prize, auction item, etc.)? _____

How many people will be at the event? _____ Is the event within 15 mi. of Bellanina? Yes No

Will you need any marketing materials from Bellanina (ex: logo)? Yes No

What are the demographics of the attendees (gender, age, income, residence, etc.)? _____

Date Donation is needed: _____

Name & Phone Number of who will pick it up: _____

Contact phone of pick up person: _____

INTERNAL USE ONLY	
Date Received: _____	
Approved	Declined
Date: _____	
Item: _____	
Cost: _____	