

**PLEASE READ:** THIS FORM MUST BE COMPLETED IN FULL IN ORDER FOR LASCARI'S TO PROCESS ANY DONATION REQUEST. ONCE COMPLETED, THE FORM MUST BE **MAILED TO THE CORPORATE OFFICE (SEE ADDRESS BELOW)**. IN ADDITION TO FILLING OUT THIS FORM A FORMAL DONATION REQUEST LETTER WITH TAX ID MUST BE SUBMITTED AS WELL TO COMPLETE YOUR REQUEST. FOR ADDITIONAL QUESTIONS OR TO REQUEST MORE INFORMATION, PLEASE CALL 714-693-1199 ext. 401

**Contact Information:**

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Organization Information:**

Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

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

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

Purpose or cause of Organization: \_\_\_\_\_

**Type of Donation:**

Please check the box(es) that apply

Are you willing to accept a partial donation (circle one): YES / NO

Gift Card \$ \_\_\_\_\_ 
  Food \_\_\_\_\_ / \_\_\_\_\_ 
  Monetary \$ \_\_\_\_\_  
Item or type of food                      Quantity (how many people)

**Requesting/Would Like More Information on:**

Please check the box(es) that apply

Catering at Our Cost (\$4.50 per person) 
  Gift Card Sales to Raise Money\* 
  Flyer Night to Raise Money\*  
 Date: \_\_\_\_\_

**\* If you select one of these boxes a W-9 form will also need to be submitted along with this form and a formal donation letter in order to process your request.**