



**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 X 406.

Contact Information:		
Name:	Title/Position:	
Email Address:	Phone #:	
Organization Information:		
Name:	Tax ID:	
Address:		
City:	State:Zip Code:	
Type of Donation:	ization:	
Please check the box(es) that apply  Gift Card \$ Food	Are you willing to accept a partial donation (cined	etary\$
Requesting/Would Like More Info	rmation on:	
Catering at Our Cost (\$4.50 per per	person) Gift Card Sales to Raise Money* Flyer Nigl Da	<b>ht to Raise Money</b> te:
* If you select one of these boxes :	a W-9 form will also need to be submitted along with the	his form and a

formal donation letter in order to process your request.