

# Little Switzerland

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## DONATION REQUEST FORM

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All donation requests must be received at least two weeks prior to event.

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

Contact Person: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

PLEASE FILL OUT FORM COMPLETELY AND MAIL, EMAIL OR FAX

*Please allow at least 2 weeks processing time.*

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### OFFICE USE ONLY

Approved

Not Approved

Reason:

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