



PIZZERIA & LOUNGE

DONATION REQUEST FORM

DATE: _____
(PLEASE SUBMIT FORM AT LEAST 2 WEEKS BEFORE EVENT DATE)

NAME: _____ CONTACT PHONE: _____
CONTACT EMAIL: _____

ORGANIZATION: _____
TAX ID #: _____

EVENT: _____
EVENT DATE AND LOCATION: _____

PURPOSE OF EVENT:

DONATION REQUESTING (I.E. GIFT CERT, PIZZA OR MONETARY DONATION):

HOW WILL PIECASSO BE ADVERTISED AT THE EVENT (I.E. LOGO ON SIGN,
ANNOUNCED AT EVENT OR MENTIONED IN PRESS)?:

PLEASE MAIL ANY ADDITIONAL LITERATURE ABOUT YOUR EVENT TO THE
FOLLOWING ADDRESS:

ATTN: SARAH ROVETTO
PIECASSO PIZZERIA & LOUNGE
1899 MOUNTAIN ROAD, STOWE VT 05672