

Donation Request Form

In order to help us expedite the donation procedure, please complete this form in its entirety. In addition, this form must be accompanied by a descriptive letter written on the official letterhead of the organization.

Mail to: Italian Kitchen OR Fax to: 856-678-4156

ATTN: Donation Requests

339 North Hook Road

Pennsville, NJ 08070

Name of your organization: _____

Summarize the focus of your organization (i.e. shelter, school, healthcare):

Shipping address (P.O. Boxes cannot be accepted): _____

Contact Person: _____

Phone number: _____ Non-Profit I.D. #: _____

What is the date of your event? _____

What type of event will you be hosting? (silent or live auction, raffle, etc.) _____

What kind of attendance do you anticipate for your event? _____

What is the value of the product you are hoping for? _____

What specific area will these proceeds benefit? _____

What type of advertising are you planning to promote this event? _____

Additional Comments: _____

Signature: _____ Date: _____