



DONATION REQUEST FORM

Please complete this form and return it to Thomsens by fax or mail. **FAX:** 320-363-4692 or **MAIL:** 29754 156th Ave. St. Joseph 56374

Organization Information

Organization Name: _____

Organization Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Donation Request: _____

Purpose of Donation: _____

Contact Information

Name: _____ E-mail: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

I certify that I am authorized to represent the above named organization or cause and that proceeds will be used for the purposes stated above.

Signature: _____ Date: _____

Donation requests must fall within the Annual Donation Focus as determined by Thomsens. Thomsens reserves the right to deny any request which is not deemed to qualify.