



FARM
WISCONSIN
DISCOVERY CENTER

donation
REQUEST

Contact Information for Event.

First Name: _____	Last Name: _____
Address: _____	City: _____
State: _____	Zip: _____
Phone: _____	Email: _____

Tell us about your event.

Event Name: _____	Event Date: _____
Organization Name: _____	Event City: _____
Event Address: _____	Event Zip: _____ Event State: _____
Organization Purpose/Mission: _____	

How will this donation be used? (Auction, Raffle, Door Prize)?

Please write a brief overview describing the event:

Upon approval recipient will be notified when donation will be mailed.