Teresa's Heart

Donation Request Form

Organization Name: _____

Address:_____City:_____State:_____Zip:_____

Contact Name (First, Last): _____

Phone: _____Email:_____Event Website:_____

What is the legal status of your organization?

Individual LLC Sole Proprietorship 501c___ Other:_____

Event Name: _____Event Date:_____

Location of Event:_____

City:_____State:_____Zip:_____

Start time:_____ End Time:_____ Setup Time:_____

Purpose of Event:_____

Event Theme:_____Total # of Guests/Attendees:_____

Noteworthy guests or Keyspeakers:_____

Rental Items Requested:

_____

_____

_____

_____

_____

Services Requested (Circle All That Apply):

Décor Consulting Delivery/Pick Up

Set up/Breakdown Other:_____

*We encourage you to complete and return this request as early as possible to nsmalls@lefabuleux.com or fax to 480-393-4479. **Receipt of this form does not guarantee services**