



DONATION REQUEST FORM

Please complete this form and submit it by mail, in person, or through e-mail at least 15 days before your event.

Organization Name:	
Organization Mailing Address:	
Tax ID #:	
Contact Name:	
Contact Phone Number:	
Contact Email:	
Event Name:	
Event Date:	
Description of Event:	

Email to: aronaroadgreenhousecontact@gmail.com

Mail to: 752 Arona Road, New Stanton, PA 15672

STORE USE ONLY

Donate: ____ Yes ____ No Staff Who Approved: _____

What is donated: _____

Retail Value: _____

Date Contacted: _____

Date Picked Up: _____

Signature of Person Picking Up: _____