



**Living Light**  
MASSAGE & WELLNESS CENTER

**DONATION REQUEST FORM**

Organization Making Request \_\_\_\_\_

Contact Person (s) \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Date of Event \_\_\_\_\_ Number of Attendees/Participants expected to attend \_\_\_\_\_

Name of Event or Fundraiser \_\_\_\_\_

Brief description and location of the event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the donation be used? (Check One)  Silent Auction  Raffle Winner  Other \_\_\_\_\_

How will the funds raised through this event be applied?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note: Due to the high number of submissions we are unable to respond to each donation request.  
If your request is approved, you will be contacted.**

Send or drop off completed form to:

134 West State Street

Traverse City, MI 49684

OR

Fax: 231-947-3485