



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:

214 N. Division Street

Traverse City, MI 49684

OR

Email: info@livinglightmassage.com