

## LACLARE FAMILY CREAMERY DONATION FORM

Requests will be considered for Fond du Lac, Sheboygan, Calumet counties. Request must be submitted 30 days prior to the event to be considered.

	Contact Info	ormation	RV 8.17
First Name:		Last Name:	
Address:			
State:			
Phone:		Email:	
	Event Info	rmation	
Event Name:	1112 - 1114 - 1114	Event Date:	
Event State:		Event Zip Code:	
What typ Discount on Cheese	oe of donation are you Gift Box	u requesting? (Circl Gift Card	
What typ	<b>Donation I</b> be of donation are you		e One)
Discount on Cheese	Gift Box	Gift Card	Cheese Samples
Profit or Non-	Profit? If so, ID Numb	er:	
	ver donated to the or		
How will this donation be use	ed (Example: Auction,	Raffle, Door Prize)?	<u> </u>
Pleas	e write a brief overvie	w describing the ev	ent:
Please email comp	oleted form to Clara	Hedrich   <b>clara@l</b> a	aclarefarms.com

Upon approval, recipient will be notified when to pick up donation.