



## Donation Request Form

Please complete the following and fax to 07-347-3028. All fields are required.

### Contact Information

\* Please note that upon approval, the donation will be mailed using the provided contact information.

Mr/Mrs/Miss/ Dr	First Name	Last Name
Organisation:		
Street Address		
City:	Phone:	
Email:		

### Organisation Information

Event/Program Dates:	Website:
Reason(s) for donation	
Event/Program Description:	
Estimated # of Attendees:	Age-Range of Participants:
Additional Information:	

### Agreement

I acknowledge the above information to be correct and understand that:

Due to the large volume of requests received, a personalised acknowledgement to my request is not guaranteed. Requests cannot be made for personal use and will only be honoured for valid reasons, determined solely by Capers Epicurean. Following receipt and qualification of my request, fulfilment is based on the discretion of Capers Epicurean. Upon receipt of donation, I agree to immediately submit a letter acknowledging the donation.

Attn: Donations  
1182 Tutanekai St  
Rotorua

I understand and agree to the above.

Signed:

Office Use Only: Approved:	Attn:
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