

# Request for Donation

From



A Family Tradition of Quality Growing

*Since 1903*

Please complete this form entirely - supplying as much detailed information as possible.

Priority is given to local charities and approval one time does not guarantee subsequent approvals. Please submit your request at least 1 month prior to your event if possible. Submissions during our busy spring rush (April-May) will not get proper attention until customer traffic slows down. (June-July)

Drop off in-store, fax, scan & email or mail your completed donation request form to:

**Hill's Gardens**  
**2512 W. Main St.**  
**Albert Lea, MN 56007**  
**info@hillsgardens.com**  
**Phone: 507-373-7253**  
**Fax: 507-377-1167**

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**Please provide the following contact information: (\* denotes required field)**

* Name	<input type="text"/>
Title	<input type="text"/>
Organization	<input type="text"/>
* Street Address	<input type="text"/>
Address (cont.)	<input type="text"/>
* City	<input type="text"/>
* State/Province	<input type="text"/>
* Zip/Postal Code	<input type="text"/>
County	<input type="text"/>
* Phone	<input type="text"/>
FAX	<input type="text"/>
* E-mail	<input type="text"/>
URL/web address	<input type="text"/>

**\* Proposal or reason for donation request:** *(attach separately if more space is needed)*

**\* What are you requesting? Or what would you hope to receive from this request?:**

**\* When is the donation needed by?**  (mm/dd/yy)

**If the donation is approved, who should we contact?**