



DONATIONS REQUEST FORM

Name of organization or group requesting donation: _____

Date of Event: _____ Deadline for Donation: _____

Tax ID Number (If Applicable): _____

Contact Name: _____

Phone Number: _____ Email: _____

Description of Event or Purpose of Donation (Use back of page or attach description if needed):

Signature of person requesting donation: _____

Donation: Approved Declined

If donation has been approved, list products, service or money donated:

Manager Approval: _____

Marketing Approval: _____

Please submit form to: Dr. Ike's Home Centers
Att: Karen Stewart (karen@drikes.com)
4200 IH 35 North
Laredo, TX 78041

Thank you for considering Dr. Ike's Home Centers for your community needs!