



1413 Fifth Ave North
Great Falls, Montana 59401
Phone: 406-453-1621

Donation Request Form

Name of organization: _____

Address/State/Zip: _____

Contact Person: _____

Date/Time/Location of Event: _____

Describe the purpose of the donation: _____

Attach any forms describing the event.

How many people are projected to attend the event? _____

How will Electric City Conservatory/Flower Farm receive publicity for their contribution to the event?

Who will benefit from the event? _____

What type of donation is requested? _____

Are you a customer of Electric City Conservatory/Flower Farm? _____

How long have you been shopping with us? _____

When was your last purchase? _____

This form must be completed and returned two weeks prior to the event. We will need time to review the request forms and get the donation ready for pick up. Thank you for cooperating with our donation procedure.