

DONATION REQUEST FORM

It is our duty, honor and privilege to support non-profit organizations doing good work in our community and world .

Does Your Request meet these DONATION GUIDELINES?

- * Non-profit organization (please include the tax ID number)
- * The event is for a community activity within 5 miles from Ladywell's
- * You are requesting Spa Facility Use Cards or other 'in-kind'
- * It is at least 4 weeks prior to your event



LADYWELL'S
VITALITY SPA & SAUNA

Organization Name :

Tax ID #

Name of Event :

Date & Time of Event :

Place Event is being held :

Contact Person :

Contact Phone (daytime and day of event):

What Type of Donation are you Requesting?

Auction Prize

Door Prizes (quantity: _____)

Other: describe: _____

Please explain the purpose of this event, who it serves & how it will benefit our community:

Signature: _____

Date: _____

Thank you for this opportunity to serve! Ladywell's Vitality Spa & Sauna
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