



DONATION / SPONSORSHIP REQUEST

Requester's Name:		
Today's Date:		
Organization Name:		
501 c3 number:		
Address:		
City:	State:	Zip:
Is this request in exchange for advertising of Garcia's Kitchen (Please note we do not give cash donations)? If yes, please describe:		
Please give a brief description for the purpose of your request:		
Date Needed:		
Contact Phone:		E-mail:
Signature:		Date:
Please contact our office at 505-242-3211 with any questions, or email alicia@garciaskitchen.com		

OFFICE USE ONLY

Total Retail Value of Donation:	
Itemized Retail of Donation:	
Account Number to be Charged #	
#204 Advertising --#205 Marketing--#206 Marketing Dan--#620052 Catering Donation	
Garcia's Donation #:	
Vicki's Authorization:	Date:
Dan's Authorization:	Date:
Date Submitted to Accounting:	Date Contacted Recipient:
Signature for donation pickup:	Date of donation pickup: