



Submission Date: _____

DONATION REQUEST FORM

Name of Organization Requesting Donation: _____

Event Information

Event Name: _____

Date: _____ Location: _____

Expected Number of Attendees: _____

Attendees: Age Range: _____ Gender: Mostly Female Mostly Male Equal Mix

General Occupation of Attendees: _____

What will the funds raised be used for? _____

Contact Information

Name: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

When would you need the Donation by (Date)? _____

Please Note:

The Waters - An Urban Spa Retreat requires the Donation Request Form to be completed no later than **30 days** prior to the Event Date. We hope to be able to support as many organizations as possible, but due to the high volume of Donation Requests received by The Waters - An Urban Spa Retreat, all Donation Requests must be **Hand-Delivered** for consideration. Requests may be delivered during Regular Spa Hours:

Sunday, Monday – 10:00am-4:00pm Tuesday-Friday – 10:00am-8:00pm Saturday 9:00am-6:00pm

** Emailed or Mailed Requests will not be accepted. **