



Request For Donation

Organization or Legal Name: _____

Director: _____

Address: _____

IRS 501(c)(3) Nonprofit Organization? Y N

Organization's Mission Statement:

Total Board Members: _____ Volunteers: _____

About This Request

Contact Person: _____

Title: _____ Email: _____

Phone: () - Fax: () -

Amount or Item(s) Requested: _____

Please summarize the Project/Event:

Additional Requested Information

Please include the following information concerning your company/benefit/cause on a separate paper.

- 1) Description of this specific request that includes goals and objectives to be reached utilizing funds received or earned based on product donation.
- 2) Summer of your organization's (or benefit/cause) history, goals, and key achievements.
- 3) IRS letter confirming tax exempt status. (if applicable)

In order for us to donate, you must meet the following criteria:

- 1) You must fill out the Uniq Donation Form
- 2) You must pick the donation up at:

Uniq Salon Spa Yoga
744 Dyer St
Crivitz, WI 54114

We will not consider any of the following requests:

- 1) We will not contribute to any political candidate or organization.
- 2) We will not contribute to any organization outside of Wisconsin.
- 3) We will not contribute to labor or fraternal organization's.
- 4) We do not consider organizations that discriminate against race, creed, gender, ethnicity, sexual orientation, disability, age, or any other legal basis prohibited by law.
- 5) We do not consider donation requests by phone or verbal solicitations.

Please email your request to: customerservice@uniquetransitionssalonandspa.com

Fax request to: 715 – 854 – 7760

Or you may drop request off at:

Uniq Salon Spa Yoga
744 Dyer St
Crivitz, WI 54114

Thank you.