

## Local Charitable Giving Policy

Cartier's Salon takes great pride in the support of charitable organizations in the community where we live and serve with our time and resources.

We ask that you make your donation request using this form in writing at least 3 weeks prior to your event/deadline.

Due to the overwhelming number of applications we receive, we regret that we may not be able to honor your request. Please submit one request form per year. Donations will be in the form of Cartier's Salon Gift Card (unless otherwise agreed upon).

## **Donation Request Form (Please complete all fields)**

Date:				
Contact Info:				
Name:	me:Phone:			
Organization Name:				
Address:				
City/State/Zip:				
Type of Request: (cir	cle one)			
School	Non-Profit ID# G	olf Political	Church Team	Other
If Other please expla	in:			·
Event Name:	Event Date/Time:			
Event Location:				
Purpose of Donation	:			
Amount Requested:	\$			_
Will there be any advertisement/promotions featuring Cartier's Salon? (circle one) Yes No				
If YES, please describ	e:			
What format do you need to receive our logo? (circle one) pdf jpg other				
Email address to sen	d logo:			
/our Signature:Date:				
Mail form to: Cartier's Salon, 1110 Route 55, LaGrangeville, NY 12540 Attn: DONATION REQUEST				
For Office Use Only				
Date Received	Date Approved/Decli	ined	Amount Approv	/ed