

ARTISAN'S

New London

Today's Date: ____/____/____

Name of Requesting Organization: _____

Thank you so much for your request! Due to the number of requests, we have had to make the decision to allocate our donation funds to our current customers on a case by case basis. In order for us to process your request, please complete the following and return at your earliest convenience. All donation requests must be made at least 2 weeks prior to the event for further consideration. Please attach a copy of the event flyer to the application.

Your Name _____

Your phone # _____

Your Event _____

Date/Time of Event _____

Contact Person (if other) _____

Contact phone # _____

Type of Event _____

Is this a non profit event?

Yes/No

If so, what is your 501© _____

What type of donation are you requesting? _____

Office use only

Date submitted _____

Initial _____

Verified _____

Amy Witmer, Manager



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OPEN 7 DAYS A WEEK