

# Clover Farms Donation Request Form

**FAX COMPLETED FORM TO: 610-929-8272**

**Name:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Nature of Event:** \_\_\_\_\_

**Organization Sponsoring Event:** \_\_\_\_\_

**Estimated Donation Request:** \_\_\_\_\_

**Will you be selling drinks for profit?** \_\_\_\_\_

**Any Additional Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All Donation Requests MUST be submitted 2 weeks prior to date of Event**

**Responses to requests will be notified via email within 1 week of your event**

**Our Customer Pick-up hours for Donations are Monday — Friday 8 AM — 3:30 PM**  
**Pick-up location - Building 'C' — Sales Office — 2nd Floor**

**If Approved, Donation will be picked up:**

**Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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**OR EMAIL TO: [donations@cloverfarms.com](mailto:donations@cloverfarms.com)**