

Organization Nar	me:		
Contact Name:	Phone:		
Are you a registe	red charity or Non-Profit Organization?		
Non-Profit Registr	ation number:		
Donation ;	Request		
Amount:	Service:		
Donation require	d by (date):		
Purpose of Dona	tion (event, auction, fundraiser, etc):		
Has your organize	ation received support from Sugar Studio in the past?	Yes	No
Year:	Amount/Service:		
Will you be provid	ding Sugar Studio, LLC with an official tax receipt?	Yes	No
Additional inform	nation/comments:		