

1432 Via Lacqua • San Lorenzo, CA 94580 510-278-8004

DONATION REQUEST

We at Gala Bakery love to help our community! However, we do have some requirements in order to provide as many organizations as possible.

Please fill out the bottom portion of this page and include all information. It will not be accepted unless it is complete. Please provide us 6-8 weeks before event date. We will do our best to respond to you via email or mail before your event.

Organization Name:		Tax ID #:
Event Name:		
Contact Name:		
Contact Phone #:	Co	ontact Email:
Today's Date:	Da	ate of Event:
We ask that you provide us complete amount, etc.) Purpose of event and h event. (ex: raffle, auction, bake sale, o	ow you plan or	est (ex: cake size, gift card using Gala Bakery for your
	Tax ID # & Lett	er on your Organization
Letterhead		SE NEX
Request will not be granted without Letterhead Approved By: Donation amount:	Date:	er on your Organization Picked up:

cakes@galabakery.com • www.galabakery.com