



Donation Request Form

Donation requests will be considered for those in Southeastern Wisconsin. Please return this request form at least 30 days prior to your event being held.

PLEASE PRINT

We will contact you if your request is chosen.

Date: _____

Date of Event: _____

Application Type:

Is there an event related to this request? ___ Yes ___ No

Will Cedar Valley Cheese Store be featured in an ad or signage with this request? ___ Yes ___ No

Has Cedar Valley Cheese Store ever donated to the organization/event in the past? ___ Yes ___ No

If yes, what was donated and when? _____

Personal Request Information:

Title: _____ First Name: _____ Last Name: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ E-mail: _____

Organization Request Information:

Organization Type: _____

Organization Name: _____

Organization Address: _____

City _____ State _____ Zip _____

Phone Number: _____ E-mail: _____

Contact First Name: _____ Contact Last Name _____

Job Title: _____

Event Request Information:

Event Name: _____

Event Location: _____

Event Address: _____

City: _____ State _____ Zip _____

Type of Donation Request: Money Gift Card Merchandise (select one only)

How many people will be attending the event? _____

How will this request be used at the event? _____

If your event is Chosen:

When would you stop by to pick up your donation request? _____

Additional Request Information: (Complete all fields in this section)

Please write a brief overview below describing the events and reasons for choosing Cedar Valley Cheese Store for a donation? Summary should be limited to 100 words or less.

Please drop off or mail to:

Cedar Valley Cheese Store
W3115 Jay Road
Belgium, WI 53004

