

Valley Quilters Guild (VQG) - Quilt Donation Request Form PLEASE PRINT

Please return completed form to sfranznick@gmail.com

Name of person submitting request			_Date
Name of organization/individ	ual requestin	g	
Is this a current non-profit?	YES NO	If yes, EIN number:	
Name of individual contact _			
Contact's address			
	phone Contact's email		
How will the donated quilt be provide name, date and loca	e used? If the tion of event.	e quilt is to be used in a raffle or	fundraiser, please
Please identify any preferred	characteristic	cs (e.g. size, color, theme)	
Has this individual/organizat	ion received a	a donated quilt from VQG prior t	to this request?
By what date would you like	to receive a c	quilt?	
		s Guild?	
		iuild Notes	
Approved: Yes No			
Date Given:		Name of recipient:	
Quilt Identifier:			
_		now much money did the quilt g	generate for the