

# Rockledge Gardens

Knowledgeable. Beautiful. Local.

## Donation Request Form

Request for any donation must be made by a representative of a **501(c)3 non-profit** organization within Brevard County **at least 30 days in advance**. If requesting merchandise please explain purpose. **Due to a high volume of requests, all donation requests are processed once monthly, therefore, please allow AT LEAST 30 DAYS** from the time this form is submitted to process your request to ensure your request can be met. *Most donations are made in the form of a gift card; the representative will be notified when donation is ready for pick-up.*

Date of Request: \_\_\_\_\_ Donation Due Date: \_\_\_\_\_ *(must be at least 30 days from date of request)*

Organization Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Non-profit EIN Number: \_\_\_\_\_ **(required)**

Organization address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Donation Desired: \_\_\_\_\_

Purpose of Donation (door prize, raffle, thank you, etc.): \_\_\_\_\_

Please attach any additional relevant information (event flyer, advertising opportunities for Rockledge Gardens, etc.). If you are requesting plants on loan, please fill out and attach the Plant Rental Form. Enter the value of the rental here: \_\_\_\_\_

### **For Rockledge Gardens Office Use Only**

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Approved: YES / NO

Gift Certificate Amount: \_\_\_\_\_ Gift Certificate # \_\_\_\_\_

Date mailed: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Office Personnel: \_\_\_\_\_

***If merchandise list or attach invoice.***

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Return to:  
Rockledge Gardens  
c/o Liz Lark-Riley  
2153 U.S. Hwy #1  
Rockledge, FL 32955

Or scan and email to [liz@rockledgegardens.com](mailto:liz@rockledgegardens.com) or fax to 321.636.3455