



Wedgewood Hotel & Spa Donation Request Form

GENERAL INFORMATION

Charity/Organization Name: _____

Mailing Address: _____

Website: _____ Charitable Registration No: _____

Contact Name: _____ Email: _____

Telephone Number: _____ Fax Number: _____

Position/ Job Title: _____

EVENT DETAILS

Event Name: _____ Event Date (yy/mm/dd): _____

Location of Event: _____ Expected Number of Attendees/Participants: _____

Number of years the event has been held: _____ Fundraising Goal: _____

Type of Event :

- | | |
|---|--|
| <input type="checkbox"/> Silent Auction | <input type="checkbox"/> Raffle/Door Prize |
| <input type="checkbox"/> Live Auction | <input type="checkbox"/> Others; please specify: _____ |
| <input type="checkbox"/> Peer to Peer Fundraising (Ride, Run, Walkaton, etc.) | |

What would you like us to donate: _____

Why should we donate?: _____

How will you acknowledge our donation: _____

Please enclose a formal donation request letter along with a completed version of this form, and submit it to info@wedgewoodhotel.com. You will be contacted via email within 30 days only if your request has been approved.