

donation request form

FRONTLINE HEROES & NON-PROFITS



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Thank you for your interest in a donation from DAVIDsTEA! We're excited to review your request.

YOUR INFORMATION

| | |
|--------------------|--|
| First & last name: | |
| Email address: | |
| Phone number: | |

DONATION INFORMATION

| | | | |
|---|------------------|-------------------------|--------------------|
| Who is your donation for? (select one) | Frontline heroes | Non-profit organization | Registered charity |
| Total number of people to receive a gift: | | | |
| Do you need the donation by a specific date?* | Yes: _____ | | |
| If yes, please specify. | No | | |

**Please note we require a minimum of 4 weeks to fulfill a request.*

TELL US ABOUT THE LOCATION

| | |
|--|--|
| Name of the charity, organization, clinic, etc.: | |
| Business phone number: | |
| Full delivery/mailling address: | |
| First & last name of contact person at the location: | |
| Email address of contact person: | |
| Phone number of contact person: | |

Please submit this completed document to sponsorship@davidstea.com.

Thank you!