



Canaries Donation Request

Organization Making Donation Request: _____

Name of person making Donation Request: _____

Affiliation with Your Organization: _____

Date of Raffle/Event: _____

Contact Information when donation is ready:

Phone Number: _____

E-mail: _____

Address: _____

All Donation Requests must be faxed, mailed, or e-mailed to:

Sioux Falls Canaries

1001 N. West Ave.

Sioux Falls, SD 57104

Attn: Abby

Email: abby@sfcarnaries.com Fax: 605-333-0139

For Canaries Use Only:

Donation Request Fulfilled on: ____ / ____ / ____

Donation was: **Picked Up** _____

Mailed Out _____

of Tickets Donated was: _____

Value of Tickets Donated was: \$ _____

Additional Comments: _____