



DINE TO DONATE

(REQUEST FORM)

Organization Name: _____

Phone Number: _____ Website: _____

Mailing Address: _____

Tax Exempt Number: _____

Person Completing Request Form: _____

Phone Number: _____ Email: _____

Title/Position Within Organization: _____

Purpose of Fundraiser:

Proposed Dates for Dine To Donate (Mondays Only).

Please provide three dates starting at least one month after request date.

Date: _____

Date: _____

Date: _____

Signature

Date

Please provide G's Pizzeria contact person with high quality organization logo.

Thank you so much for your submission! Our leadership team will be in contact with you in regards to this request!