

Lazer Kraze Donation Request

Date Submitted _____

We recommend requests be submitted 8 weeks before the event- earlier or later submittals may not be addressed

Must attach flyer advertisement or office request on sponsoring organization's letterhead

Email form to: partytime@lazerkraze.com for Gahanna location

Name of Benefitting Organization _____

Address of Organization _____

Sponsoring Organization _____

For what event or cause are you asking for a donation ? _____

Event date if applicable _____

Requested donation? _____

How will you use the donation ? (i.e. silent auction, raffle, door prize) _____

Cost to individual for raffle ticket or other required payment if applicable _____

Person who will pick up donation (please note this person must present a photo id to pick up all donations and we will copy this at time of pickup)

I guarantee that the donation if granted will be used only in the method as described above and any other use must be approved by Lazer Kraze in advance of altered usage. Any other use will be prosecuted to fullest extent of the law.

Signature _____ Date of request _____

Printed Name of Requesting Person _____

Phone Number _____ email address _____

Item Donated _____ Expire Date _____

Signature of Person Picking up Donation _____

Printed name of person picking up donation _____

Date picked up _____

Signature of LK employee giving out donation _____