

Jung Garden Center Charitable Donation Request Form

Name of Organization:		
Mailing Address:		
Organization Website:		
Name of Contact:	Phone Number:	
Email Address:	Today's Date:	
Donation Requested:		
Seeds:		
Plants:		
Gardening Supplies:		
Is this Request for a Legally Verified No	onprofit Organization (Y/N): EIN #:	?
location if applicable:	clude the total number of expected event attendees an	
Plans for Usage of Donation:		
Date of Event or Date Donation is Nee	ded by:	
Has Your Organization Been Considere	ed for a Donation in the Past? If So, Please Provide the I	Details.



the full name and title of the employee:	g Garden Center employee? It so, please provide
List any marketing materials, social media, media invo publicize this cause/event:	lvement or communications that will be used to
Please Select the Jung Garden Center You Would Prefe	er to Utilize for the Donation Pick Up.
Madison, WI North Garden Center: 1313 Northp	ort Dr., Madison, WI 53704
Madison, WI South Garden Center: 6192 Nesbitt	Rd., Madison, WI 53719
Randolph, WI Garden Center: 335 S. High St., Rai	ndolph, WI 53596
Stevens Point, WI Garden Center: 5620 Hwy 10,	Stevens Point, Madison, WI 54481
Sun Prairie, WI Garden Center: 1123 Bristol St., S	Sun Prairie, WI 53590
Please sign below. Your signature verifies that all of th	e information provided in this form is factual.
Signature	Date
For Your Donation Request to be Conside Form to:	red, Please Return this Completed
ATTN: Melanie Budd, Donations	
Jung Seed Co.	
335 S. High street	
Randolph, WI 53596	