



**Donation Request Form  
2025**

This donation form will be used to determine if Michelle's Salon and Spa at Five Season's will be able to donate to your organization. Please include any and all information that will help us better understand your request and its use. Please complete this form in its entirety and return to

**Michelle's Salon and Spa at Five Season's**  
1901 State Route 332, Canandaigua NY 14424

Please contact the salon with any questions: 585-398-3520.

Date Submitted: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Organization: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address \_\_\_\_\_  
 Program/Event for which funding is requested \_\_\_\_\_  
 Details of Organization or Event \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date and Location of Event: \_\_\_\_\_  
 Donation pick -up deadline: \_\_\_\_\_

The information on this form is factual and all donations will be used for indicated purposes.

Please print and sign your name

\_\_\_\_\_  
 Print name of person picking-up

\_\_\_\_\_  
 Sign Name

<b>Office Use</b>	
Gift Card Value: _____	Gift Card # _____
Date Called: _____	Date Picked Up: _____
Employee Signature at Pick-Up: _____	