



Donation Request Form

2026

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

Office Use

Date Called: _____ Date Picked Up: _____

Employee Signature at Pick-Up: