

Mabel's Ice Cream Donation Request Form



- Your donation request must be received at least four (4) weeks prior to the date of your event.
- We will contact you if we are able to fill your donation request.
- Please type or print clearly and completely.

Name of Organization _____

Address _____

City _____ State _____ Zip code _____

Contact Name _____

Contact Number _____ Email _____

Event Details

Name of Event or Project _____

(We are requesting at least four (4) weeks' notice of your event or project.)

Location of Event or Project _____

Short Description of Event or Projects with Aims and Objectives _____

_____ (Please use the back of this sheet for more room).

Estimated Number of Attendees or Participants _____

Amount Requested _____

***Please either mail or drop all completed forms off at Mabel's Ice Cream Shop at 293 3rd Street North P.O. Box 323 Bayport, MN 55003, or by email (mabelsbayport@comcast.net).**