



Request for Donation

Please complete this form and mail or fax to the address below. Our Donation Committee meets Wednesdays of each week and awards donations based on purpose, need, and availability of funds.

Donation Requested: _____

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Fax: _____ E-mail: _____

Date of Event: _____ Deadline for Donation: _____

Purpose for which this donation will be used: _____

Do you or your organization regularly do business with Tersteeg's?

Yes _____ No _____

How will Tersteeg's be recognized for this Donation? _____

This request can be mailed or faxed to:

Tersteeg's, Inc.
1111 East Bridge Street
Redwood Falls, MN 56283
Phone: 507-637-8332 Fax: 507-627-5863