



DONATION REQUEST FORM

Today's Date:

Contact Person:

Phone Number:

Email:

Name of Organization:

Tax Exemption ID:

Address:

Phone Number:

Fax:

Website:

Please provide a brief summary of your organization: (who it primarily serves & its services/programs provided):

Please provide a brief summary regarding your request:

Please fax or email this to: milissa@elburritomercado.com attn: Milissa, please provide at least two weeks advance notice of request.

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