



# cake pops boston, inc. donation request form

Today's Date: \_\_\_\_\_

Event Date: \_\_\_\_\_

\*All requests must be received at least 6 weeks prior to the event.

Tax ID #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event Time: \_\_\_\_\_

Pick-up Date/Time: \_\_\_\_\_

Donation Request: \_\_\_\_\_

MAIL TO:  
cake pops boston, inc.  
2267 Dorchester Avenue  
Dorchester, MA 02124

\*We do not accept hand-delivered donation request forms. NO exceptions.