

Donation Application

Please complete the following information.

Name of Charity _____

Contact Name _____

Title/Role _____

Mailing Address _____

City _____ State _____ Zip Code _____

Contact Phone Number _____

Contact Email _____

Charitable Donation Number _____

What is the primary focus of your organization? _____

Tell us about your event or activity sponsorship request: _____

What kind of support are you seeking? _____

When will the event be occurring? _____

When did Deja Vu Med Spa last contribute to your group? _____

Are you a client of Deja Vu Med Spa? ___ Yes ___ No

Are Deja Vu Med Spa employees involved with your organization? ___ Yes ___ No

If yes, who? _____

While all requests are responded to, please note that due to the large number of requests for donations we receive, we must limit the support to the most consistent with the company's giving priorities.