



Thank you for contacting Michel's Pharmacy. As proud supporters of our community, we are happy to help non-profit organizations in their efforts. In an effort to assist you with your request, please complete this questionnaire and return it to:

Michel's Pharmacy 926 7th Street Morgan City, LA 70380

Donation Request Questionnaire:

Organization: _____

Address: _____

Phone Number: _____

Contact Name: _____

Contact Email: _____

Is your organization a registered non-profit organization: _____ Local or national? _____

Federal ID#: _____

What type of recognition will your contributors receive? (Please circle all that apply.)

Program Print Advertisements Signage Social Media Other: _____

Please explain how recognition will be given in the circled areas above:

Who will benefit from the donation?

What type of donation are you interested in? (Please circle.)

Gift Certificate Auction Item Monetary

If we are able to assist your organization, we will contact you as soon as possible. Thank you!