



Donation Request Form

Name of Organization: _____

Description of Organization: _____

Contact: _____

Address: _____

Phone: _____ **Email:** _____

Item request (be specific): _____

Purpose of Donation/Description of Event: _____

Date Donation is Needed: _____

Please complete and return to:

Kayben Farms

Box 60, Site 2, RR2 Okotoks, AB T1S 1A2

Or Fax to: 403-938-2647 **or email to:** judy@kayben.com