



Donation Request Form

Please fill out the information below and fax, mail, or e-mail
at least 2 weeks in advance of your event.

Requesting Organization: _____

Contact Name: _____ Phone () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Is this donation request in association with a particular event? _____

If so, when is the event? _____

Please give the name of the event and a brief description or attach event information:

How will this donation be used? (i.e. auction, raffle, ect): _____

Has the Viking Lanes contributed to the requesting organization in the past? _____

If yes, what item and when? _____

Please give additional comments, directions, or details we may need to know:

Viking Lanes

1410 Hwy 51

Stoughton, WI 53589

Email: robbloxham@kpmwi.com

www.vikinglanes.com