

LPSC, Inc

The Loretta Paganini School of Cooking, Inc.
The International Culinary Arts & Sciences Institute
Sapore Restaurant

Donation Request Form

PLEASE PRINT CLEARLY AND CHECK FOR ACCURACY

Date of Request: _____ Date of your event: _____

Organization:

501(c)3 Non-profit number: _____

Name of Event: _____

Contact Name: _____

Phone (Day): _____

E-mail: _____

Mailing address:

City: _____

State: _____ Zip: _____

Requesting:

gift certificate donation/ gift basket

food donation

Chef appearance

Other _____

Ship to Address (cannot be a PO Box):

City: _____

State: _____ Zip: _____

Please explain your organization's mission and/or your event.
Who will benefit by your efforts?

Is this your first request to LPSC, Inc? Yes No

How will LPSC, Inc. be acknowledged at your event?

Submit your request

Mail your completed request form to us at the address below, or fax it to us 440-729-4546 attention DONATIONS.

Requests will be reviewed once monthly, the last week of each month. We appreciate your patience in awaiting our response; **no phone calls**, please.

Thank you for contacting LPSC, Inc.

LPSC, Inc
Attn: Donation Request
8613 Mayfield Road
Chesterland, OH 44026

Stefanie@lpscinc.com