

Date request made on: _____/_____/20____

Person Requesting Donation:

Full name _____ Mobile phone _____

Are you a CleanSkins Client / Customer: *please circle one of the options below:*

- YES, I am a regular client
- YES, previously but haven't been there for 12 months or longer
- NO, I have never been there

Reason for donation / voucher:

What are you requesting we donate?

Please submit this completed form AND attach a formal letter of request from the organisation requesting / benefiting from the donation.

(Note: the letter of request must be on an official letter head with an official contact person).

Please drop in to reception or email: admin@cleanskinslaserclinic.com.au