

DAIRY FARMERS OF NOVA SCOTIA PRODUCT DONATION REQUEST FORM



Please submit this form a minimum of six weeks prior to your event
to dfnspromotions@dfns.ca

Name

Phone

Email

Name of Event/Organization

Date of Event

Has this event previously received DFNS
support? YES ☐ NO ☐

Address

Event Description: (Please include demographics and attendance.)

What product(s) are you requesting?

(Please include type of product and quantity requested. If required,
please confirm the ability to freeze or refrigerate on site.)

Address for delivery: Delivery must be to a commercial address open
8:30 am – 4:30pm. Tentative delivery the business day prior to event.

Contact name and cellular number at delivery location:

How will this donation be used & how will DFNS be recognized?

FOR DFNS OFFICE USE ONLY:

Date Received:

Region:

Approved by:

Date Approved: