SWEETHEARTS CAKE DONATION APPLICATION

First & Last Name:

*\**Nominee Full Name


*\**Your Email:

*\**Your Mobile Phone:

*\**Requested Date for the cake:

Is this individual under the age of 18?
Yes No

If so, please give us the parents name & contact information

Is this individual battling cancer or another life threatening disease or medical condition?
Yes No

Please note whether the individual is currently under hospital care

Has this individual had a positive impact on the community as a whole?
Yes No

Has this individual recently been through a traumatic life changing event?
Yes No

Please explain

Do you, or the nominee, have the means to purchase the cake?
Yes No

If you have answered yes, please explain why you feel the cake should be a donation.

*\**Tell us why the nominee should receive a free cake from the Sweet Hearts Cake Program:

*\**Style of Cake you are looking for:
(please include any allergies the nominee may have)


Submit Your Message to:

info@frostmesweet.com