STORE USE ONLY: STORE NUMBER



## DONATION REQUEST



- \* Forms must be filled out completely to be considered
- \* Organization must be located in the Strack & Van Til or Town & Country Market area
- \* Please only one donation request per event (apply only at location nearest the event/ organization)
- \* Organization must be a non-profit, federally recognized 501 C-3 or community based organization

We work to support many great causes however must also work within a budget and at times are simply not able to fulfill all requests for

	donation. All r	equests are handled on a	first come first serve ba	sis. Thank you!	
ORGANIZATION NAME					
ORGANIZATION ADDRESS			TAX EXEMPT NUMBER (501-C-3)		
ONGAINIZATION ADDRESS			TAX EXEMPT NUMBER (301-C-5)		
CITY	CTATE		710 CODE	TAYLD AHIMADED	
CITY	STATE		ZIP CODE	TAX I.D. NUMBER	
PHONE #			COMPLETED W9 ATTACHED		
COPY OF IRS LETTER ATTACHED			CONTACT NAME AND PHONE NUMBER		
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PHONE #			ORGANIZATION ADDRESS		
THORE #					
ORGANIZATION ADDRESS	STATE		ZIP CODE	EMAIL ADDRESS	
ONG, INIZATION ABBILESS	317112		211 0002	ENWINE AND INCOM	
PUPOSE OR EVENT:					
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DONATION REQUESTED.					
DONATION REQUESTED:					
HOW WILL PARTICIPANTS KNOW ST	RACK & VAN TIL,	ULTRA FOODS/ TOWN & C HELP MAKE THE E		VED? HOW CAN OUR STORE TEAM PARTICIPATE AN	
		HELP WAKE THE E	VENT A 30CCE33!		
Please return the complet	ed form to t	he Store Director at	your local Strack 8	Van Til or Town & Country Market	
		Store U	se Only		
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Ş		ANIOUNI AFFILOVED		DENT OR AFFROVED	
DPODLICT DONATED					
PRODUCT DONATED					
STORE INVOVLEMENT					
STORE DIRECTOR SIGNATURE			DATE		
STORE DIRECTOR SIGNATURE		DATE			