

Treasure Island Foods

Donation Application

Organization Information

Your complete application must be received at least six weeks in advance prior to the event date.

Today's Date: _____ Event Date: _____ Pick up Date: _____

Organization: _____

*501C3 # _____

*Please attach copy of 501c3 status.

Address: _____

Your Name: _____ Position: _____

Daytime Phone: _____ Alternate Phone: _____

Email: _____

Organization Description: Please provide a 2 – 3 sentences regarding your organization, including a summary of mission and objectives:

Description of event:

How many people will attend this event? _____

How will Treasure Island Foods be acknowledged for this event?

Requesting: _____ Gift Card _____ Food _____ Gift Basket

Describe how the donation will be used:

Has your organization received a donation in the past from any Treasure Island Foods store? Y N

If yes, what was the date you received your donation? ___/___/___

Provide a brief summary of the program's activities and why they are needed in your community.

Please describe how the program will have a positive impact in the community.