

DONATION REQUEST FORM

**Please carefully review the donation criteria before completely filling out this form and email it to services@tifofoods.com.
Donation requests that do not meet the full criteria or are not completely filled out will not be considered.**

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 Name: _____

(If applicable) 501C3 # _____ *Please attach copy of 501C3 status.

Organization 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?

What are you requesting from us? Gift Card _____ Food _____ Gift Basket _____ Other (please explain) _____

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: