

## DONATION REQUEST FORM

**Please carefully review the donation criteria before completely filling out this form and email it to [services@tifofoods.com](mailto: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: