

DONATION REQUEST

Each year, our company allocates a budget to support community activities through contributions. We are pleased to do our part to assist your organization's programs. However, requests have become so numerous that they exceed our financial capabilities. Therefore, we must fairly distribute our support to as many organizations as possible, and ask that you complete the following **Donation Request** form.

The purpose of this form is not to deter donations, but determine if we are able to make a contribution at the time of request, as well as more accurately forecast and prepare the upcoming budget. Thank you for your cooperation and taking the time to make this information available. If a donation is granted, this authorizes Dave's Super Duper, to use your organization's name as a donation recipient in any of our literature or advertising.

Thank you,
Dave's Super Duper
200 Willow Ave.
Honesdale Pa. 18431
Ph. # 570-251-9530

DONATION REQUEST FORM

Organization: _____ Date Submitted: _____

Tax Exempt Number: _____ (Please provide government exemption certificate with this form)

Is your organization an IRS 501C(3) Tax Exempt Organization? Yes No

Is your organization: Public Private

What is your organizations primary mission? Ill Needy Young Elderly

Is geographic area for this request donation within: 15 30 miles of Super Duper.

Has an employee of Super Duper referred this request or been involved with your organization as a contributor, volunteer, trustee, benefactor, director, or member?

Yes, name and description of relationship _____ No

Is your organization and/or its major members(e.g. directors/officers)a current customer(s) of our company? Yes No Number of visits per Month

Are any other businesses being contacted with this similar request? Yes No

Will specific mention be made of our support? Yes, (please describe) _____
_____ No

Organization Overview

What programs and/or services does your organization provide?

Approximately how many people benefit from your organizations programs and services?

Donation Request (please be specific)

Date(s) donation required: _____ Location(s) donation is required _____

Please describe the purpose of your event (please be specific): _____

Have we provided a donation for your organization in the past? (If so please describe when/what)

Contact Name(s): _____

Contact Phone Number(s): _____ Daily _____ Evening _____ Cellular

Contact E-Mail Address: _____

Mailing Address: _____

Office Use

Donation Approved: Yes No Partial Approved By _____ Date _____

Value: \$ _____ Notes: _____
