



Donation Request Form

Please review donation guidelines, available on our website, prior to completing a donation request form. This form must be printed and submitted, to the Food 4 Less location nearest to your organization, 6 weeks prior to the event or activity date in order to be considered. Due to the volume of requests, Food 4 Less is not able to fulfill all requests. Visit myfood4less.com for a list of store locations.

Today's Date: ___/___/___ Nonprofit Taxpayer ID _____

Name of Organization: _____

Website: _____

Address: _____

City: _____ State: CA Zip Code: _____

Organizations Phone Number: (____) _____ - _____

Contact Name: _____

Contact Title with Organization: _____

Contact Email Address: _____

Contact Phone Number: (____) _____ - _____

Description of event, activity or service being provided to the community: _____

Name of event or activity: _____

Location of event or activity: _____

Date of event or activity: _____

Objective of event or activity: _____

Expected number of attendees or participants: _____

Applicant Signature

Date

By signing this form, I certify that I am an authorized agent or representative of the organization making this request.

PAQ, INC. 100% EMPLOYEE OWNED

For Internal Use Only

Date Received:	Donation Amount:	Received by:
Donation Status:	Gift Card #:	Authorized by: