



## 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: