



Allen's

YOUR HOMETOWN PROUD SUPERMARKET™

Donation Request Form

As our volume of requests is significant and we are unable to respond to or support all submissions. Please submit your request at least 4 weeks prior to the event date.

Please fill out the request and submit to store.

It is important to note that we do not donate to political organizations, organizations that discriminate or individuals.

We normally donate to organizations that benefit the entire community.

And will normally be a 10% discount off of the purchase of goods or services.

DONATION REQUEST

Date of Event (mm/dd/yyyy): _____

Name of Organization : _____

Address (Street or P.O.Box): _____

City : _____ State: _____ Zip: _____

Organization Web site/Internet address: _____

Organization telephone: _____ Fax: _____

Contact person: Name _____ Title: _____

Contact Person telephone : _____

Contact Person e-mail address: _____

Federal tax identification number* : _____

*(You are required to submit proff of 501(c)(3) status to be eligible)

(Continued)

Check type of service your organization provides (choose one):

- Health and Human Services
- Education
- Civic and Community
- Arts and Culture
- Environmental

Terms:

How many volunteers / employees do you expect to have working your event? _____

What geographic area(s) does your organization serve? _____

Will items be purchased from Allen's IGA for the event? Yes No

If yes approximately what would amount of purchases be? _____

Describe the program/project/activity/event for which discount is being requested: (If applicable, attach available brochures, program descriptions, ect.)

Date of the event:(mm/dd/yyyy) _____

Has Allen's IGA supported your organization in the past? (If yes, please describe when and how)

(Continued)

Please print, sign and date this request form. You must submit proof of your tax-exempt, nonprofit status for this request to be considered (provide 501 (c) (3) letter or other tax-exempt letter from the IRS.)

Printed Name: _____

Signature: _____

Title: _____

Date: _____

Submit in person, or by mail to:

Allen's IGA
224 Morehead Plaza
Morehead, KY. 40351