



# PEOPLE'S FOOD CO-OP

NATURAL FOODS MARKET & DELI

## DONATION REQUEST FORM

Date: \_\_\_\_\_

Organization: \_\_\_\_\_ 501 (c) (3) Yes  No

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of event: \_\_\_\_\_ N/A

Date and time of event: \_\_\_\_\_ N/A

Location: \_\_\_\_\_

Date and time when donation is needed: \_\_\_\_\_

Purpose of event is (please select):

Fundraiser  Sports  Health & Wellness  Arts/Music  Environmental  Education  Other

Please explain \_\_\_\_\_

If an event, number of people expected to attend: \_\_\_\_\_

If an event, please describe briefly Is there a fee or ticket price for attendees, who is your intended audience, what is the aim or goal of your event, etc.?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of donation requested is (please select):

Food  Money  Gift or Gift Basket  Sponsorship

In-kind (please explain) \_\_\_\_\_

Other (please explain) \_\_\_\_\_

Please make appropriate arrangements for pick-up or delivery of donation prior to event. Any donations not collected 2 weeks after event will be null.

Anything else you would like to tell us about your organization or that you think might be helpful to us in making a decision

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PFC Use

Accepted: Yes  No

Donation: \_\_\_\_\_ PFC contact person: \_\_\_\_\_

Value: \_\_\_\_\_ GM Approval: \_\_\_\_\_