



DONATION REQUEST FORM

In fulfilling our responsibility to community goodwill we at Pat's Food Center will make donations to bonafide charitable and educational groups. To assure that these donations are used for the intended purpose we have established guidelines for granting donations of funds or merchandise.

Donations are made to bonafide charitable and educational groups only.

TO BE FILLED OUT BY OUR CUSTOMER

Customer Contact Name _____ Date _____

Organization Benefiting _____

Are you a Non-Profit Organization _____ If yes, what is your tax exempt number: _____

Customer/Organization Address _____

City _____ State _____ Zip Code _____

Contact Email Address _____ Contact Phone Number _____

DONATION REQUEST

Purpose/reason for request? Be specific and attach any additional information or flyer/letter: _____

Specific items requested _____

Date of occasion _____ Date of donation pick-up _____

Disclaimer: I waive any claim of royalty, right or remuneration for such use. I waive any and all claims of liability against Pat's Food Center and its employees and agents for any personal injury or loss which may occur from participation in this event or from use of any prize.

Customer Signature _____ Manager Approval _____

**Send completed form to: Pat's Food Center, P. O. Box 518, Freeland, MI 48623
Or via Fax (989) 695-5412 or Email: management@patsfoodcenter.com**

*** Please allow three weeks for request processing and we will respond with a decision to the contact information provided above.