

Donation Request Form



The Donation Committee needs *a minimum of 2 weeks* to process your request!

Name of Organization: _____

Contact Person: _____

Address: _____

Phone Numbers: _____

Date of Application: _____

Date Needed: _____

Product Gift card

Briefly explain the purpose of your request. Please include information about your organization and/or event. _____

Ashland Food Co-op Donation Policy

Individuals are not eligible for donations, only organizations. Requests are approved for no more than ONE \$25 donation per organization per year. We prefer to give \$25 worth of merchandise, but do offer gift cards for raffles or auction prizes. Alcoholic beverages may not be purchased with donation funds.

Product donations are valid for a one-time shopping opportunity. Balances may not be carried over.

I have received this donation from Ashland Food Cooperative on behalf of the organization listed on this application.

Signature of Recipient: _____

Date Received: _____

Office Use Only

Committee Approvals

Initial & Date

Elaine Deckelman _____

Trish Cook _____

Notified by phone _____

Donation Amount \$ _____

FLOOR MGR: When donation is redeemed please staple the cancelled cash receipt to this form, initial it, and return to Trish Cook's folder.