



## 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 Rancho San Miguel Markets 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, Rancho San Miguel Markets are not able to fulfill all requests. Visit [ranchosanmiguelmarkets.com](http://ranchosanmiguelmarkets.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.*

### For Internal Use Only

Date Received:	Donation Amount:	Received by:
Donation Status:	Gift Card #:	Authorized by: