

DONATION REQUEST FORM

I am requesting a donation from:

Newport Avenue Market

Oliver Lemon's - Sisters

Oliver Lemon's - Terrebonne

Name of Organization: _____

Address: _____

Contact Person: _____

Phone: _____

Date of Event: _____

Date Needed: _____

Donation Requested: _____

Proceeds from this event will benefit: _____

WE REQUIRE TWO WEEKS TO PROCESS ALL REQUESTS. THANK YOU IN ADVANCE FOR RESPECTING THIS TIME REQUIREMENT.

PLEASE READ THE FINE PRINT:

WE REALIZE THAT MOST CAUSES ARE WORTHY AND JUST. RUDY'S MARKETS INC. SUPPORTS MANY WORTHY CAUSES, BUT WE HAVE A BUDGET WE MUST LIVE WITHIN, WE ARE NOT ABLE TO FULFILL ALL REQUESTS. THE HIGHEST PRIORITY IS GIVEN TO ORGANIZATIONS WE HAVE WORKED WITH IN THE PAST. ALL OTHER REQUESTS ARE HANDLED ON A FIRST COME FIRST SERVE BASIS.

AS AN EMPLOYEE-OWNED STORE, WE SUPPORT THOUSANDS OF WORTHY CAUSES IN CENTRAL OREGON. WE DONATE TO CAUSES WITH DIFFERING VIEWS BECAUSE THEY REPRESENT THE DIVERSITY OF RUDY'S MARKETS INC., WE DO NOT CONSIDER OUR DONATION TO BE AN ENDORSEMENT OF ANY SPECIFIC CAUSE OR ORGANIZATION. WE ARE AN EQUAL OPPORTUNITY GIVER! THANK YOU.

Signature of person Applying: _____

Store Use Only

Approved

Disapproved

Signature: _____

Date: _____ Comments: _____