

2016 Donation Request Form

Complete steps 1-3 and return completed form to the store director.

NOTE: Forms must be completed in full and returned at a minimum of 30 days before event/program deadline.

STED 1: Organization Contact Information					
STEP 1: Organization Contact Information Today's Date:		Non-Profit Federal Tax ID Number:			
100ay 5 Date.		Non-Front Federal Tax ID Number.			
Name of Organization:					
Contact First Name:		Contact Last Name:			
Address:		City:		e:	Zip Code:
Telephone Number (xxx) xxx-xxxx: Cell Phone		Number (xxx) xxx-xxxx:	Fax Number (xxx) xxx-xxxx:		
		, ,	. ,		
Email Address:					
Signature:					
With my signature, I authorize SpartanNash to use photograph and/or videotape taken at the event for corporate communications materials created for SpartanNash, including posting on the internet.					
OTED O Deserve (Deserve (inc					
STEP 2: Request Description					
Request fits into one (1) of the following categories:					
□ #1: Fighting Hunger □ #2: Health and Wellness □ #3: Advancing Education					
□ #4: Military/Veterans Support □ #5:Community Support/Other:					
Type of request (check type and fill in amount):					
☐ Gift Card \$ ☐ Program/Event Sponsorship \$ ☐ Community Ad (attach sizes/prices					
☐ Product Donation (list items requested and quantities): Quantity Item (attach list if needed)					
Please explain request or attach event brochure:					
Event Name:	Date of Event:				
Time:	Location:				
		1			
STEP 3: Recognition at Event					
How will our store be recognized? Please check all that ap	oply:				
□ Banner □ Sign □ Ad □ Logo o	n t-shirt	☐ Booth Space ☐ Oppor	tunity to volunte	eer	
☐ Television ☐ Radio ☐ Print ☐ Social r	media	☐ Websites ☐ Other:			
RETAIL STORE TO COMPLETE					
Store Number/Location: Store Director – choose one of the following options:					
				-1/ (and deat and
Store Director Signature: Option 1:		Donation given at store: \$ gift card and/or \$ product cost			
	Option 2:	\$ recommended donation for corporate review, please fax or email:			
District Manager Signature (if over period budget):		☐ Fax: 616-878-2691☐ Scan and email: community.relations@spartannash.com			
			olation io e oparte	aa.	
Store Comments:		STORE DIRE	CTOR: Keep	copy of a	all forms to complete el worksheet