



2022 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.

STEP 1: Organization Contact Information

Today's Date:		Non-Profit Federal Tax ID Number:	
Name of Organization:			
Contact First Name:		Contact Last Name:	
Address:		City:	State: 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.

STEP 2: Request Description

Request fits into one (1) of the following categories: <input type="checkbox"/> #1: Fighting Hunger <input type="checkbox"/> #2: Supporting Heroes <input type="checkbox"/> #3: Finding Hope		
Type of request (check type and fill in amount): <input type="checkbox"/> Gift Card \$ _____ <input type="checkbox"/> Program/Event Sponsorship \$ _____ <input type="checkbox"/> Community Ad _____ (attach sizes/prices) <input type="checkbox"/> 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:	

STEP 3: Recognition at Event

How will our store be recognized? Please check all that apply:					
<input type="checkbox"/> Banner	<input type="checkbox"/> Sign	<input type="checkbox"/> Ad	<input type="checkbox"/> Logo on t-shirt	<input type="checkbox"/> Booth Space	<input type="checkbox"/> Opportunity to volunteer
<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Print	<input type="checkbox"/> Social media	<input type="checkbox"/> Websites	<input type="checkbox"/> Other: _____

RETAIL STORE TO COMPLETE

Store Number/Location:	Store Director – choose one of the following options: Option 1: Donation given at store: \$ _____ gift card and/or \$ _____ product cost Option 2: \$ _____ recommended donation for corporate review, please fax or email: <input type="checkbox"/> Fax: 616-878-2691 <input type="checkbox"/> Scan and email: community.relations@spartannash.com
Store Director Signature:	
District Manager Signature (if over period budget):	
Store Comments:	STORE DIRECTOR: Keep copy of all forms to complete per period Excel worksheet