



DONATION APPLICATION

Please Type or Print Clearly!

Please limit your donation request to one location within our organization. Thank you.

		Today's Date:
What Organization do you Represent?		
Is it a Nonprofit Organization?	What is its Tax Exemption Number?	
Explain needs and specifically what the donation will be used for:		
If your donation is approved, who should check be made out to (if applicable)?		
If your donation is approved, by what date do you need to have it? (Please allow at least 2 weeks)		
Name of person we should send donation to:		
Address:		
Phone No.		
Your Name:	Your Phone #	
<p>Donation requests greater than \$25 will be sent to Corporate Headquarters for review. Donations are made on behalf of Coborn's, Cash Wise, Little Dukes, and Holiday.</p>		
STORE USE ONLY		
Type of Donation:	Product _____	Gift Certificate \$ _____
Mgrs Recommendation to Donation Committee? _____		