



# 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:		Nonprofit Federal tax ID number:	
Name of organization:			
Contact first name:		Contact last name:	
Organization 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:

#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:

## STEP 3: Recognition at event

How will our store be recognized? Please check all that apply:

Banner   
  Sign   
  Ad   
  Logo on t-shirt   
  Booth Space   
  Opportunity to volunteer  
 Television   
  Radio   
  Print   
  Social media   
  Websites   
  Other: \_\_\_\_\_

## RETAIL STORE TO COMPLETE

Store number/location:	<b>Store director – choose one of the following options:</b> <b>Option 1:</b> Donation given at store: \$ _____ gift card and/or \$ _____ product cost <b>Option 2:</b> \$ _____ 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:	<b>STORE DIRECTOR:</b> Keep copy of all forms to complete per period Excel worksheet