



# DONATION REQUEST FORM

Our team is spirited about helping those in need and we take our social responsibility seriously. Supporting organizations like yours is important to our family, and to our community! There are many causes that deserve support, and we focus our funds in the areas to which we can make the greatest impact. From the beginning, we have dedicated much of our charitable resources to: St Jude's Children Hospital, The Wounded Warrior Project, Ocean County College Scholarship Foundation, St. Barnabas Medical Center, Food Bank of Ocean & Monmouth Counties, Simon's Kitchen, Komen for the Cure, as well as many others. We plan to continue this endeavor of silently giving back! Our Donation Committee's decision to support your organization will not be based on our own self-interests, rather on the following:

A. Is your organization or event clearly nonprofit or charitable?

B. Is your request coming from an organization that will improve the health, educational, cultural or civic vitality of the community we serve?

C. Does contributing to your organization touch on our prioritized areas of concern?

Thank you for completing this donation request form. It greatly improves our decision-making process, helping Spirits Unlimited remain a good partner in the community.

YOUR NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

YOUR PHONE: \_\_\_\_\_ YOUR EMAIL: \_\_\_\_\_

#### ABOUT YOUR ORGANIZATION

1. The organization seeking the donation: \_\_\_\_\_

Is it a 501(c)3? (Please submit a copy of the tax-exempt certificate.) Yes \_\_\_\_\_ No \_\_\_\_\_ Other (explain) \_\_\_\_\_

2. What is your organization's mission? Please submit mission statement, most recent correspondence to stakeholders, and/or organization's Web site address: \_\_\_\_\_

3. Has it received a donation from Spirits Unlimited in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

4. Your relationship to the organization: \_\_\_\_\_

5. Organization's Executive Director: \_\_\_\_\_

6. Organization's Board President: \_\_\_\_\_

#### ABOUT THE DONATION

1. The name and type of event at which the donation will be used: \_\_\_\_\_

2. The event's goal: \_\_\_\_\_

3. What will the donation be used for? \_\_\_\_\_ Auction item \_\_\_\_\_ Prize item \_\_\_\_\_ Refreshments

Other: \_\_\_\_\_

4. The exact donation you are seeking: \_\_\_\_\_

5. How many people do you expect at your function? \_\_\_\_\_

6. Recognition to donors (at the event, prior, subsequent, etc): \_\_\_\_\_

LOGISTICS BASICS We will provide specific information as to where the donated product will be available for pick-up.

1. Date needed: \_\_\_\_\_ 2. Time needed: \_\_\_\_\_

3. Who will pick it up? \_\_\_\_\_

4. Person's work/home phones: \_\_\_\_\_

#### SIMPLE INSTRUCTIONS

Please mail this form to 952 Lakewood Road, Toms River, NJ 08753, to the attention of Donation Committee or email to: Donations@spiritsmail.com.

Please understand that the more lead time we are given to consider your request, the greater the chance that we can find some way to help you. We strive to acknowledge your request within five business days of receiving this completed form, and will do our best to have an answer for you within two weeks. If you haven't heard back from us within this time frame, this form may have been lost, so please give us a call at 732-349-2710.

#### FOR INTERNAL USE:

Date Recv'd \_\_\_\_\_ Approved? \_\_\_\_\_ Reply Date: \_\_\_\_\_ COGS: \_\_\_\_\_

#### FOR PV USE:

Date Recv'd \_\_\_\_\_ Approved? \_\_\_\_\_ Reply Date: \_\_\_\_\_ COGS: \_\_\_\_\_