



Charitable Donation Request Form

It is our mission to support those organizations in our community that align with our values and mission.
To request a donation, please fill out and submit to the front desk.

Name of organization: _____

Tax ID #: _____

Donation requested: _____

Date requested: _____ Date needed: _____

Contact Person: _____

Contact's Email: _____

Contact's Phone #: _____

How will this donation be utilized: _____

Please explain how you feel that your organization's values align with those of The Local Grocer:

Are you a customer of The Local Grocer? YES NO

How often do you support The Local Grocer or other locally owned businesses? _____

Below for Office Use Only

Management Approval (initials): _____ Date approved: _____

Value of Donation: _____

Date/Initial when contact person is notified that donation is ready for pickup: _____