



2900 Freeport Blvd.
 Sacramento, Ca 95818
 916-443-6881
 916-443-3663 fax
 www.taylorsmarket.com

Donation Request

Please complete form in entirety. Acceptance of this form by Taylor's Market is not a contract between parties. This form is merely an application for a Donation from Taylor's Market. Careful consideration will be taken in the review of your request. If Taylor's Market decides to contribute we will notify of our decision. Please mail or fax completed request to Taylor's Market 30 days prior to your event.

Date: _____
 Received By: _____
 Approved By: _____
 Tax ID #: _____
 Amount: _____
 Donation Letter Received?
 Yes ___ No ___
 Previous Donations?
 Yes ___ No ___

Group or Organization: _____ Contact Person: _____
 Address: _____
 Telephone #: _____ Fax #: _____ Email: _____
 Date of Event: _____ Requested Donation Pick Up Date: _____
 Type of Event: _____ Donation Use: _____
 Item(s) Requested: _____

<u>Quantity</u>	<u>Item</u>	<u>Retail Price</u>

Total Retail Cost of Goods Donated: _____

To be considered for a donation the following items must be submitted with this request form:
 Formal request for Donation from organization on organizations letterhead.
 Federal Tax ID number for non profit organization(s)
 Fully Completed Donation Request Form

If you have any questions or concerns regarding the completion of this form or information requested by Taylor's Market contact us immediately at 916-443-6881. We look forward to helping you make your event a success.

Thank you Taylor's Market