



DONATION REQUEST FORM

Organization: _____

Date submitted: _____

Is your organization a 501C(3) Tax Exempt Organization? Yes No

Tax Exempt Number: _____

Is your organization: Public Private

What is your organization's primary mission? Ill Needy Young People
Elderly people Disabled people Environment Other _____

Is the geographic area for this requested donation within 20 miles of a Stephens Pharmacy location?

Has a Stephens Pharmacy employee or officer referred this request or been involved with your organization as a contributor, volunteer, trustee, benefactor, director, or member?

Yes, name and description of relationship
_____ No

Is your organization and/or its major members (e.g. directors/officers) a current customer(s) of our company?

Yes, name and description of relationship(s)
_____ No

Are other businesses being contacted with a similar request? Yes No

Organization Overview

What programs and/or services does your organization provide?

Donation Request (please be specific)

Donation requested: _____

Date(s) donation is required: _____



Have we provided a donation for your organization in the past? (If so, please describe when/what was donated):

Contact Name(s):

Contact Phone Number(s):

Contact Email

Address:

Fax Number:

Mailing Address:

Office Use Only - Donation

Approved: Yes No Partial

Approved by: _____

Date of Approval: _____

Value: \$ _____ **Reference Number:** _____

Employee Sponsor: _____

Notes: _____
