



Altomonte's DONATION REQUEST FORM

Altomonte's strives to be a good corporate citizen. We have always been a family-owned and operated business and continue to use our family-values in choosing to make significant contributions to strengthen the health, social, education and cultural fabric of this community. We recognize there are many causes worthy of support, but by focusing our resources in a few areas we feel our impact is greater. Since 1972, the majority of Altomonte's corporate giving has been directed toward benefiting our local community and its' citizens.

Altomonte's will try to respond to your contribution request if we can identify with the effort or the cause. We do not base our decision on our self interests; instead we try to help as many worthy causes as possible. We thoroughly consider all requests but please understand we simply cannot afford every request, everyday we receive five-six requests for donations and we will ask these questions of each:

- a. Is your organization or event clearly nonprofit or charitable? If not, we may consider your request to be more appropriately directed to our marketing department and will forward it on for you as appropriate.
- b. Is your request coming from an organization that will improve the health, educational, cultural or civic vitality of this community?

Thank you for filling out this request form. It helps us greatly with our decision-making and record-keeping. We appreciate your time in assisting us to make effective decisions toward the betterment of our community.

YOUR NAME: _____ TODAY'S DATE: _____
 YOUR PHONE: _____ YOUR E-MAIL: _____

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
2. What is your organizations mission? Please submit mission statement, and other paper work supporting your mission and/or website address: _____
3. Has it received a donation from Altomonte's in the past? Yes No
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 even 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. If requesting refreshments, how many people do you wish to serve with our donation? _____
6. Recognition to donors (at the event, prior, subsequent, etc.): _____

LOGISTICS BASICS

We will provide specific information as to where 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: _____

FOR OUR USE, PLEASE
Date Rec'd
Approved or Declined?
Date of Reply
Decision made by
Charge to which dept?
QB Entry Date
TOTAL COGS

SIMPLE INSRUCTIONS

Please mail this form to 85 N. York Road, Warminster, PA 18974. Mark "Attention: DONATIONS". 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 in a timely manner or receiving this completed form, and will do our best to have an answer for you within two weeks.