



# DONATION REQUEST FORM

Please submit this completed form to the Head Cashier or Western Market Management. Allow for 5-7 days for a reply. Donations are allocated each quarter and are made at Western Market Management's discretion.

TODAY'S DATE

DATE OF EVENT

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## ORGANIZATION/COMPANY/SCHOOL INFORMATION

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name

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address

city

zip code

--	--

phone number

fax number

		Y / N
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website

federal tax ID

non-profit?

## REQUEST & EVENT INFORMATION: *please attach any supporting materials*

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name and type of event

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request: be as specific as possible

## CONTACT INFORMATION

--	--

name

association with organization/company/school

--	--

phone number

email

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when would you like to pick-up the donation?

anything else we should know?

**WESTERN MARKET**

447 W. Nine Mile • Ferndale • 48220 • P: 248/546.7288  
F: 248/546.7085 • www.wwesternmkt.com

FOR OFFICE USE ONLY

Cost \_\_\_\_\_

Approved By \_\_\_\_\_ Recorded By \_\_\_\_\_ Transferred By \_\_\_\_\_ Retail Value \_\_\_\_\_