

Store # _____

Brookshire Brothers

Donation Request form

Thank you for visiting Brookshire Brothers. Please complete the General Information section below. In order to allow sufficient time to review each request, all requests should be submitted at least **forty-five (45) days prior** to the date the donation is required. Return this completed form to the Store Director with all supporting documents attached.

General Information

Date of Request: _____

Organization Requesting Donation: _____

Organization Tax ID Number: _____

Organization Complete Address: _____

Telephone Number: _____ Email: _____

Person Requesting Donation: _____ Title: _____

Person's Drivers License No: _____ Telephone No: _____

Person's Home Address: _____

Nature of Event: _____

Date Required: _____

Type of Donation Requested: _____ Check _____ Gift Card

Amount Requested: \$ _____

If Merchandise donation is requested, specify exact description and quantities requested (the total amount will be placed on a gift card to be used within the store): _____

Store Director's Comments: _____

_____ Store Director's Signature: _____

For Office Use Only

Committee Comments: _____

Approved: _____ Denied: _____ Date: _____