

# EVER'MAN NATURAL FOODS CO-OP DONATION REQUEST FORM

Ever'man is pleased to donate to our community whenever possible. We realize there are many causes worthy of support, but we focus our support on a few areas that fit our cooperative mission. Our donation priority is given to neighborhood organizations, non-profits, organizations committed to health (i.e., physical fitness, nutrition,) holistic/alternative health, sustainability and the environment, and social concerns/human rights.

**For budgeting purposes, we ask that each request be made at least 4 weeks in advance.** In order to donate to as many organizations as possible, Ever'man's donations rarely exceed \$25.

Thank you for filling out this form. It helps us greatly with our decision-making and record-keeping. For questions about your donation, please contact Jennifer Dutton, Membership Services and Marketing Director, at (850)549-4881 ex.10 or email [Jennifer@everman.org](mailto:Jennifer@everman.org).

YOUR NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ YOUR EMAIL: \_\_\_\_\_

## ABOUT THE ORGANIZATION

1. Organization seeking the donation: \_\_\_\_\_
2. Is it a 501(c) 3? (Please submit a copy of the tax-exempt certificate)    yes    no
3. What is your organization's Mission Statement? Please submit a copy of your organization's mission statement to this form. \_\_\_\_\_  
\_\_\_\_\_
4. Have you received a donation from Ever'man in the past?            yes    no
4. What's your relationship to the organization? \_\_\_\_\_
5. Organizations Executive Director or President: \_\_\_\_\_

## ABOUT THE DONATION

- The name and type of the event at which the donation will be used: \_\_\_\_\_
- The goal of the event: \_\_\_\_\_
- The donation will be used for?    Auction Item                      Prize Item                      Refreshments
- The exact donation needed? \_\_\_\_\_
- If you're requesting refreshments, how many people are you serving? \_\_\_\_\_
- How will Ever'man be recognized for contributing? \_\_\_\_\_

## LOGISTICS ABOUT DONATION

- We will give you instructions as to where donated items will be available for pick up.
1. Date needed: \_\_\_\_\_ 2. Time needed: \_\_\_\_\_
  3. Who will pick it up? \_\_\_\_\_
  4. Person's work/home phones: \_\_\_\_\_

## ADDITIONAL INSTRUCTIONS

Please mail this form to 315 West Garden Street, Pensacola, FL, 32502 or fax to (850) 549-4898, "Attention: Jennifer Dutton." We strive to acknowledge each donation request within five business days of receiving this request. We will do our best to answer your request within two weeks. If you do not hear back from us, this form may be lost, so please give us a call at (850)549-4881 ex.10.

**EVER'MAN'S USE, PLEASE**

Date Received: \_\_\_\_\_

Approved or Declined? \_\_\_\_\_

Date of Reply: \_\_\_\_\_

Decision Made By: \_\_\_\_\_

Charge to which business: \_\_\_\_\_

DOR Entry Date: \_\_\_\_\_

Type of Donation Given: \_\_\_\_\_

Dep.MOS Charged: \_\_\_\_\_

Total Cost: \_\_\_\_\_