



IN-KIND DONATION REQUEST FORM

Today's Date _____ Date needed _____

Please submit your completed form to Fiddleheads at least 3 weeks prior to the event.

Organization _____

Address _____

Contact Person _____

Phone Number _____ E-mail _____

Request is being made for a specific event YES NO

Will this be tax deductible as a charitable contribution? YES NO

If an event, complete the following:

Name and date of event

Anticipated number of attendees _____

Explanation of what the event is and who it will benefit:

What are you requesting from Fiddleheads? Please be as specific as possible (e.g. one case of apples, a gift card for a prize)

How will you acknowledge Fiddleheads for supporting your efforts?

Return completed application to: Fiddleheads Food Co-op, ATTN: Community Connections Coordinator 13 Broad St. New London CT 06320 OR email to community@fiddleheadsfood.coop.

For Staff Use: Chosen for Donation Y/N | Date Approved: _____ | Staff Initial _____