



## 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?

\_\_\_\_\_

\_\_\_\_\_

Mail application to: Fiddleheads Food Co-op, ATTN: Community Connections Coordinator 13 Broad St. New London CT 06320 OR by email to [rachelhutchins@fiddleheadsfood.coop](mailto:rachelhutchins@fiddleheadsfood.coop) OR drop off in store.

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

