

Pay-Less Markets, Inc. Donation Request Form
Complete this application *after* carefully reading the guidelines.
Incomplete applications will not be processed.

Name of Organization _____

Address _____

Contact Name _____ Title _____

Email _____ Contact Number _____

History & Mission of Organization _____

Type of Donation Being Requested:

- Food/Beverage Monetary Raffle Item Gift Certificate Other

Further description of requests (specific products/items you are requesting)

Day & Time of event: _____ Expected Attendance: _____

Location: _____

Please describe how the donation will be used: _____

Have you applied for a donation from Pay-Less Markets before? Yes No

If yes, indicate the following:

Date: _____ Event Description: _____

Name (*please print*) _____ Title _____

Signature _____ Date _____