

# Dennis Company Donation Request Guidelines

*Our focus is on those activities that benefit **non-profit** organizations, **especially youth** and the community at large, rather than individuals.*



Thank you for your interest in asking Dennis Company to be part of your upcoming event. Due to the high volume of requests received, we have established the following guidelines and procedures to assist with donation requests.



Each year Dennis Company allocates a budget to support community activities through contributions. Therefore, we must fairly distribute our support to as many organizations as possible. We realize that some organizations have more than one fundraising event throughout the year but ask that **only one donation request be submitted within a 12 month period.**



If a donation is granted, this authorizes Dennis Company to use the organization's name as a donation recipient in any Dennis Company advertising. Request for our logo can be sent to [advertising@denniscompany.com](mailto:advertising@denniscompany.com)



Please **print clearly** and return the **completed** request form at least **4 weeks prior** to the date of the event.

You can submit your request in one of the following four ways:

1. Return to a sales associate at one of our five locations
2. Mail: 146 5th Street, Raymond WA 98577
3. Email: [info@denniscompany.com](mailto:info@denniscompany.com)
4. Fax: 360.942.2932

**dennis**  
**COMPANY**





# Donation Request Form

- Raymond
- Long Beach
- Aberdeen
- Elma
- Montesano

Organization: \_\_\_\_\_

Is this a non-profit organization?    yes     no     Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_    Phone: \_\_\_\_\_

What is the purpose of your organization and what services do you provide? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received previous donations from us?    yes     no

If yes, what did we provide and when? \_\_\_\_\_

Event Date: \_\_\_\_\_    Event Location: \_\_\_\_\_

Explanation of Event (please be specific, who benefits, the cause, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of donation are looking for? \_\_\_\_\_

How will our donation be used? \_\_\_\_\_

Will specific mention be made of our support?:    yes     no     If yes, how? \_\_\_\_\_

\_\_\_\_\_

**The above information is correct to the best of my knowledge. If a donation is approved, I will use the donated goods for the purpose listed above.**

X \_\_\_\_\_ Date: \_\_\_\_\_

*Internal use only*

Date Submitted: \_\_\_\_\_    Sales Associate: \_\_\_\_\_

Authorized:    yes    no    Retail Value of Merchandise: \_\_\_\_\_

Initials: \_\_\_\_\_    Gift Card Amount: \_\_\_\_\_

Cash / Check Amount: \_\_\_\_\_