



PLEASE COMPLETE AND RETURN TO ONE OF THE FOLLOWING STORES:

Northern Neck Ace _____ West Point Ace _____ Middlesex Ace _____

Warsaw Ace _____ Gloucester Ace _____

DONATION REQUEST FORM

If Available TAX ID/ FEDERAL ID NUMBER:

DATE OF REQUEST: _____

NON-PROFIT NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

TELL US A LITTLE ABOUT YOUR EVENT (INCLUDING DATE) AND/OR REASON FOR YOUR REQUEST:

NOTE: IT MAY TAKE UP TO 14 DAYS FOR APPROVAL

FOR OFFICE USE ONLY: DATE _____ APPROVED ___ DENIED ___
IF APPROVED DONATION GIVEN: _____
_____ VALUE: _____
MANAGER INITIAL: _____