



# Non-Profit Donation Application

Each year, our company allocates a budget to support community activities through contributions. We are pleased to do our part to assist your organization's programs. However, requests have become so numerous that they exceed our financial capabilities. Therefore, we must fairly distribute our support to as many organizations as possible. In order for us to evaluate your request, we ask that you complete this form. Thank you for your cooperation. You will hear back from us within 7 business days.

## Organization Details

Organization Name	
Contact Name	
Street Address	
City State ZIP Code	
Day Phone	
Evening Phone	
Website	
E-Mail Address	

**Is this organization a customer of our firm? ·Yes ·No**

**Are you a customer of our firm? ·Yes ·No**

**Has this organization received support from us this year? ·Yes ·No**

**Did this organization receive support from us last year? ·Yes ·No**

**Will specific mention be made of our support? ·Yes ·No**

**If Yes How?** \_\_\_\_\_

**Are you or is your group associated with any Barn employee? ·Yes ·No**

**If yes, who?** \_\_\_\_\_

**Purpose of the fundraiser/event** \_\_\_\_\_

**Who will pick up the donation?** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Date needed** \_\_\_\_\_

## Additional Notes, Requests or Information

**Agreement and Signature**

Our organization adheres to the standards below and agrees to follow the guidelines associated with this fundraising program.

*\* Educational: funds are used to support a school or school-related organization (i.e. band club, student or parent group associated with a school or educational institution.)*

*\* Religious: funds are used to support non-profit church activities or church-related organizations such as youth groups within the church.*

*\* Charitable: funds are used to support a charitable organization or benevolent cause.*

*\* Community: funds are used to support community-based activities devoted solely to charitable, educational or recreational purposes and not for individual gain.*

*This Program is not designed to provide wholesale pricing to individuals or groups wishing to use our Gift Cards for personal or corporate profit.*

Name (printed)	
Online Signature	
Date	

**FOR OFFICE USE ONLY**

**Date received** \_\_\_\_\_ **Checked by** \_\_\_\_\_ **Cost** \_\_\_\_\_

**If refused, reason** \_\_\_\_\_

**Description** \_\_\_\_\_

**Remarks** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_