

Today's Date: _____

Organization: _____

Non-Profit 501 C.3 (Answer required for donations) Yes (If Yes, please supply form) No

Contact Person(s): _____

Address: _____

Phone Number(s): _____

E-Mail: _____

Name of Event: _____

Date(s) of Event: _____

Number of People Attending: _____

Frequency of Event: _____

Type of Activity/Purpose of Event: _____

Type of Goods Requested: _____

Donation Recipient: _____

Special Needs: _____

New Leaf Market frequently fills a bag with an assortment of products. Would this be an appropriate item to donate to your event? Yes No

New Leaf Market frequently provides a NLM gift card. Would this be an appropriate item to donate to your event? Yes No

1235 Apalachee Pkwy, Tallahassee, FL 32301

IN THE *Parkway* DISTRICT

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www.newleafmarket.coop

email: nlm@newleafmarket.coop

For Office Use Only

Approved amount: _____

Manager's Name: _____