



Donations and Sponsorships Request Form

Please fill out the following form and return to lisa.nazareth@wlfoods.com or fax to (319)627-6127 Attn: DONATION REQUEST.
Completion of this form DOES NOT guarantee the request will be fulfilled. **Minimum 2 weeks advanced notice.**

Organization/Event Name: _____ Event Date: _____
 Contact Name: _____ Affiliation with West Liberty Foods: _____
 Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Phone: _____ Fax: _____
 Email: _____

This organization is: (please check one)

- Educational Arts/Culture Charitable Institutional Other

Is this organization a 501(c)(3) non-profit agency? Yes No

Please provide a copy of your government exemption certificate with this form.

Tax Exempt #: _____

What programs/services does your organization provide?

Please list items your organization is currently requesting:

Who/What will this request benefit?

Have you requested donations from West Liberty Foods, L.L.C. in the past? If yes, please explain:

FOR INTERNAL USE ONLY

Date Request Received: _____

Received By: _____

Approved: Yes No

Signature: _____

Prior: Yes No

Notes: _____

Date Organization Contacted: _____