



627 US ROUTE ONE, YORK, ME 03909  
207.363.2004 | ELDREDGELUMBER.COM

#### OUR PROCESS

- ▶ **Please allow 1-2 weeks for donation approval.**
- ▶ Send or fax completed donation form with any other pertinent paperwork describing your request.
- ▶ Your request will be reviewed by our General Manager &/or President.
- ▶ If your request is fulfilled, a coordinator will be in contact with you to make any arrangements.

**FAX TO: 207.363.0905**

### DONATION REQUEST FORM

**Completion of this form does not guarantee Eldredge Lumber & Hardware, Inc. will be able to fulfill your request.**

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

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

Phone: \_\_\_\_\_ E Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/ Zip: \_\_\_\_\_

**A.** Please attach a copy of the 501c3 tax exemption form from IRS.

**B.** Please provide details and amount of desired Donation: \_\_\_\_\_

**C.** How will this Donation be used? (i.e. raffle, auction etc...) \_\_\_\_\_

**D.** Is this Donation request in association with a particular event? ☐ Yes ☐ No *If yes, provide date of event:* \_\_\_\_\_

If yes, please provide the event name and a brief description of event or attach event information: \_\_\_\_\_

**E.** Will there be handouts at the event? ☐ Yes ☐ No

If Yes, Does the Donation include a listing of our business as a sponsor? ☐ Yes ☐ No

When would an advertisement be due? \_\_\_\_\_

**F.** What is the deadline for the Donation: \_\_\_\_\_

**G.** Has Eldredge Lumber & Hardware, Inc. contributed to the requesting organization in the past? ☐ Yes ☐ No

*The undersigned hereby certifies that a) the information in this application and supporting documents are correct to the best of his/her knowledge; and b) all tax information provided is current & correct and c) any funds, products etc.. will be used solely for the projects as outlined in the above application and agreed to both parties.*

\_\_\_\_\_  
Name of Requesting Organization Representative

\_\_\_\_\_  
Signature of Requesting Organization Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Eldredge Lumber, Inc. Authorized Representative

\_\_\_\_\_  
Date Approved