



Donation Request Form

Taste Unlimited strives to be a good corporate citizen by making significant contributions to strengthen the health, social, educational and cultural fabric of our community. Beginning in 2007, we will offer our full and part-time employees paid time off to volunteer for their chosen causes. Taste Unlimited also makes direct donations to great organizations like ForKids, which has led the fight to end homelessness in Hampton Roads since 1988. With respect to giving, our impact is greatest by focusing on a few organizations and needs. As a result we often have to turn down many worthy requests for donations. However, we will review all donation requests submitted on this form from nonprofit or charitable organizations to assess whether it fits into our philanthropy plan for the year.

INSTRUCTIONS: Please mail this form to 213 36th Street, Virginia Beach, VA 23451 or fax to (757) 425-3928 and mark "Attention: Service Central". Please understand that the more lead time we are given to consider your request, the greater the chance we can find some way to help you. We will do our best to have an answer for you within two (2) weeks. If you have not heard back from us within this time frame, please give us a call at (757) 425-3011 ext. 14 or drop us an email at www.tasteunlimited.com.

Your Name: _____ Today's Date: _____

Your Phone: _____ Your Email: _____

About Your Organization

1. Name of organization seeking the donation: _____

Is it a 501(c)(3)? (Please submit a copy of tax-exempt certificate with this form) Yes No

If not, your request is more appropriately directed to our marketing folks and we will forward on as appropriate.

2. What is your organization's mission? _____

3. Has your organization received a donation from Taste Unlimited in the past? Yes No Don't Know

4. Your relationship to the organization: _____

5. Your relationship to Taste Unlimited, if any: _____

About the Donation

1. The name and type of event at which the donation will be used: _____

2. The event's goal: _____

3. Type of donation desired: _____

4. What will the donation be used for? Auction Prize Refreshments Other: _____

(If granted, we will provide specific information as to where and when donation will be available for pick up.)

Date Needed: _____ Time Preferred: _____

Pick Up Person: _____ Phone Number: _____

5. Recognition, if any, accorded to donors (at event, prior, subsequent, etc.): _____

Thank you for filling out this request form. It helps us greatly with our decision-making and record-keeping. We appreciate your time in assisting us to make effective decisions toward the betterment of our community.

FOR TASTE UNLIMITED USE, ONLY

Approved or Declined?

Decision Made by:

To Be Prepared by:

Date Received:

Date of Reply:

Pickup Date / Time:

Description of Donation:

Retail Cost of Goods Donated: \$ _____

