



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. Due to the overwhelming number of requests we receive annually for donations, we have decided to focus our philanthropy on cancer awareness, research and support causes, in order to have a greater impact. As a result, we no longer accept requests that do not support cancer-related programs. Unfortunately this also means that we must turn down many worthy requests for donations. We appreciate your efforts toward the betterment of our community.

Instructions: If you would like to request a donation for your cancer-related cause or fundraisers, please mail this form to 213 36th Street, Virginia Beach, VA 23451, email to customercare@tasteunlimited.com or fax to (757) 425-3928 and mark "Attention: Customer Care". 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, you can assume we were unable to satisfy your particular request.

Your Contact Information:

NAME: _____ TODAY'S DATE: _____
PHONE: _____ EMAIL: _____
FAX #: _____ ADDRESS(FOR RESPONSE): _____

About Your Organization

- The organization seeking the donation: _____
Is it a 501(c)(3)? (Please submit a copy of tax-exempt certificate with this form) Yes No
- What is your organization's mission? _____
- Has your organization received a donation from Taste Unlimited in the past? Yes No Don't Know
- Your relationship to the organization: _____
- Your relationship to Taste Unlimited, if any: _____

About the Donation

- The name and type of event at which the donation will be used: _____
- The event's goal: _____
- Type of donation desired: _____
- What will the donation be used for? Auction Prize Refreshments
Other: _____
(If granted, we will provide specific information as to where the donation will be available for pick-up.)
Date needed: _____ Time Preferred: _____
Who will pick it up? _____
Person's phones number: _____
- Recognition, if any, accorded to donors (at the event, prior, subsequent, etc): _____

Thank you for filling out this request form. It helps us greatly with our decision-making and record-keeping.

10/2008

FOR TASTE UNLIMITED USE, ONLY	
Approved or Declined?	Pickup Date / Time:
Decision Made by:	Description of Donation:
To Be Prepared by:	Retail Cost of Goods Donated: \$ _____
Date Received:	
Date of Reply:	