

# Great Harvest Bread Co.<sup>®</sup>

## DONATION REQUEST FORM

Here at Great Harvest we believe in giving generously to others. We welcome opportunities to help our community, and appreciate your interest.

### OUR DONATION GUIDELINES:

- We donate to non-profit organizations that serve our community.
- We donate our products: bread and cookies
- We can consider only donation requests that are submitted on this form. We cannot handle requests over the counter or by phone.
- We ask for at least one week notice of any donation request, but advise as much notice as you can give.
- Donation requests are filled on a first-come, first serve basis. Because of the volume of requests we receive, it is more likely we can help you if you make your request early.

Organization Name \_\_\_\_\_

Name of Event \_\_\_\_\_

Date & Time of Event \_\_\_\_\_ Number in Attendance \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Person Address \_\_\_\_\_

Phone # (daytime) \_\_\_\_\_ FAX \_\_\_\_\_ e-mail \_\_\_\_\_

Type of Donation Request

\_\_\_\_\_ Refreshments (please specify: \_\_\_\_\_ Bread, \_\_\_\_\_ Rolls, \_\_\_\_\_ Cookies)  
\_\_\_\_\_ Auction Item (ex., Bread Basket) \_\_\_\_\_ Door Prize (quantity: \_\_\_\_\_)

Please briefly note how this event will benefit our community:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### RESPONSE

\_\_\_\_\_ We are happy to donate the following:

Retail value of the donation \_\_\_\_\_

Please arrange to have the donation picked up at the bakery on \_\_\_\_\_, after \_\_\_\_\_

\_\_\_\_\_ Sorry, but we are unable to donate at this time, but please ask us another time.

Please return this form to Great Harvest: your address and FAX number

Approved by \_\_\_\_\_

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

# DONATION ORDER FORM

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_

Donation Items:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions to GH Crew:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Order should be picked up \_\_\_\_\_ (date) at \_\_\_\_\_ (time)**

Order will be filled on \_\_\_\_\_ (date) \_\_\_\_\_

To be signed when the Donation will be picked up

Organizational Representative \_\_\_\_\_

Date \_\_\_\_\_ GH Crew \_\_\_\_\_

Approved by \_\_\_\_\_

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

# DONATION ORDER FORM

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_

Donation Items:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions to GH Crew:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Order should be picked up \_\_\_\_\_ (date) at \_\_\_\_\_ (time)**

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Organizational Representative \_\_\_\_\_

Date \_\_\_\_\_ GH Crew \_\_\_\_\_

