



## PRODUCT DONATION REQUEST

The Works donates products to a variety of non-profit or not-for-profit organizations within our communities. This form must be filled out & taken to the store manager of your local Works Bakery Cafe **at least 10 weekdays prior to the event**. Requests received less than 10 weekdays will be denied. Donations are taken on a first come first serve basis and limited per four-week period. Donations are comprised of un-sliced bagels & cream cheese only (maximum amount per donation: 5 doz. un-sliced bagels & 2.5 lbs of cream cheese). Marketing materials provided by The Works must be placed alongside any product(s) donated. We will contact you within 5 working days from receiving your request.

Donation requested from The Works store (location): \_\_\_\_\_

Date of event: \_\_\_\_\_ Requested pick-up time for product: \_\_\_\_\_

Product requested (Specify # of people to be fed, quantity of bagels and/or cream cheese): \_\_\_\_\_

Date form filled out: \_\_\_\_\_ Name of group/organization: \_\_\_\_\_

Individual seeking product/title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Fax # to send confirmation: \_\_\_\_\_

Is organization not for profit? \_\_\_\_\_ If yes, please fax federal exemption # & copy of certificate with form.

Briefly describe your organization & its mission. What other fund-raising events has your group organized, what was done and the success of those events. \_\_\_\_\_

What percent of your organizations' time & money is allocated for administrative work? \_\_\_\_\_

Describe how The Works products will be used: \_\_\_\_\_

How did you hear about The Works' donation program? \_\_\_\_\_

Has The Works donated to your organization before? \_\_\_\_\_ If yes, when & for what cause/event?

Please describe the specific ways your organization will acknowledge The Works donation (i.e.: newsletters, advertising space, direct mail, information services, promotional material). \_\_\_\_\_

In what ways will this donation help build positive skills &/or actively create healthy communities? \_\_\_\_\_

How many people will be affected by this donation? \_\_\_\_\_

Please use the following lines to write any additional information about your organization: \_\_\_\_\_

**Please submit to the store manager of your local Works café.**