



Sinks Pharmacy  
Medley Pharmacy  
Towne Pharmacy  
Steelville Drug

## DONATION REQUEST FORM

*All requests must be made at least 30 days prior to the date needed.*

*Please check which location you are requesting this donation/sponsorship from, and return this form to that location:*

- Rolla (10<sup>th</sup> St.)    Rolla South    Belle    Iberia    Vienna    St. Clair  
 Waynesville    Owensville    Gerald    Cuba    Steelville

*Please complete all fields:*

Name of Organization: \_\_\_\_\_

Name and Date of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Reason for Donation Request: \_\_\_\_\_  
\_\_\_\_\_

Amount or Item Requested: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Tax ID # of Organization: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

*(please indicate if a 501C-3: not-for-profit)*

Who Does This Contribution Benefit? *(if different than above):* \_\_\_\_\_  
\_\_\_\_\_

*For Office Use Only*