

REQUEST FOR DONATION

Organization name _____

Address _____

City, ST, Zip _____

Telephone number _____

Contact person/title _____

Email Address _____

Project Category - Check one:

- Hunger Relief – Does your work contribute to the fight to end hunger? Or support the people and organizations that open their doors to fight hunger?
- Nutritional Wellness - Is your request related to nutrition, health education or preventative medicine?

Name of project _____

Geographic area(s) impacted _____

Sweetbay location at which you shop _____

Amount requested _____

If you're requesting an amount less than \$500, please submit your request to the Sweetbay store in which you shop.

Please provide the below information with this request.

1. Mission statement with a brief description of organization's background
2. Description of the specific project for which funding is requested and the projected outcomes. From where or whom are you currently receiving funding for this project?
3. Itemized breakdown of funding needs (i.e. operational costs, supplies)
4. Through a true partnership, where both parties benefit, how will you increase foot traffic at our stores?
5. What marketing/promotional support can Sweetbay expect by partnering with your organization?

***Upon completion of this form, please mail to:
Sweetbay Supports ▪ 3801 Sugar Palm Drive ▪ Tampa, FL 33619***