

## TPC DONATION APPLICATION

All donation requests should be submitted a minimum of 30 business days\* (M-F) prior to your requested donation date for a formal approval process.

So we can help as many organizations as possible, donations are limited to one per organization, per calendar year.

| Organization Information  |                     |                           |
|---|---------------------|---------------------------|
| Organization Name:  |                     |                           |
| Organization Address:   |                     |                           |
| City:   | State:              | _ Zip:                    |
| Office Phone #:   | _                   |                           |
| Organization Federal Tax ID #:  | _                   |                           |
| Donation being requested (items, quantity):   |                     |                           |
| Date donation is due:   |                     |                           |
| Purpose of donation:  |                     |                           |
| Marketing opportunities available to The Printing Co. (printed program, broadcast advertising, web, etc.) |                     |                           |
|   |                     |                           |
| Contact Information   |                     |                           |
| Name:   | Affiliation:        |                           |
| Address:  |                     |                           |
| City:   | State:              | _ Zip:                    |
| Phone #s (Circle preferred): Office   | Cell                |                           |
| E-mail Address:   |                     |                           |
| I certify that I represent the above named organization, an   | d the donation of p | roducts provided to this  |
| organization by The Printing Co. will be used for the purpos  | se stated above and | l not for individual gain |
| or profit.  | ·                   | Dato                      |
| Signature:  |                     | Date:                     |
| This portion to be completed by TPC:  |                     |                           |
| Date received: Location:  | Approved            | Not Approved              |
| Donation quantity/details:  |                     |                           |
| Manager's signature:  |                     |                           |