Vinckier Foods Donation Request Form

About You

Your name: _____
First Last

Email: _____ Phone: _____

About Your Organization

Name of organization: _____

Address: _____
Street or PO Box City State Zip Code

Is your organization a 501(c)3? ◯ Yes ◯ No

If your organization is a 501(c)3 please attach a copy of the tax-exempt certificate to your form submission email.

Your organization's mission:

Has your organization received a donation from Vinckier Foods in the past? ◯ Yes ◯ No

Your relationship to the organization: _____

Executive Director: _____

Board President (if different): _____

About the Donation

Name and Type of event the donation will be used: _____

Event Goal: _____

How will the donation be used? _____

Exact donation seeking: _____

If requesting refreshments, how many people do you wish to serve with the Vinckier Foods contribution? _____

How is recognition given to donors (at the event, prior, during, etc.): _____

Receiving Donation

Date needed: _____ Time needed: _____

Pick Up Location: Almont Armada Wadhams-Kimball Yale

Person picking up donation: _____

Person picking up donation work/home phone numbers: _____ _____
Work Home

If approved, Vinckier Foods will provide your organization with specific information on where and when the donated product will be available for pick-up.