



DONATION REQUEST FORM

(To be submitted at least 6 weeks prior to event)

PLEASE PRINT CLEARLY FOR ACCURACY

Date of Request: ___ / ___ / ___

Date of Event: ___ / ___ / ___

Organization: _____

501(c)(3) #: _____

Contact Name: _____

Phone (Day): _____ Email: _____

Evening: _____ Fax: _____

Mail Address: _____

City: _____ State: _____ Zip: _____

Other pertinent information:

Explanation of non-profit organization's mission:

Description of event (overview, attendance, demographics, location):

Have you received a Stonyfield Farm donation before? No Yes, Years _____

Number of servings requested (Stonyfield will set # of samples provided) _____

I do not require any yogurt product, I am requesting a raffle item.

How will yogurt be picked up? At Stonyfield Farm on : _____

At the following distributor (please check one)

Hall Warehouse, Plainfield NJ

Metro Foods - Astoria, NY

Richwill Freezer, Chicago, IL

Merchants Terminal, Landover, MD

Preferred Freezer, Miami, FL

PSI, Tacoma, WA

Henningsen Cold Storage, Portland, OR

Dairy Fresh, Ontario, CA

Dreisbach Enterprises, Oakland, CA

Other

Will you: Give yogurt away for free? Sell yogurt and use proceeds for charity?

How will yogurt be stored (34F - 40F)? _____

How will yogurt be distributed? _____

Will there be any mention of Stonyfield Farm in program/signage/advertising (please specify)?

Thank you for contacting Stonyfield Farm. Due to our volume of donations you will be contacted if we are able to accommodate your request. NO PHONE CALLS PLEASE