

ANNUAL TURKEY DRIVE DONATION APPLICATION



501c(3) Yes No (Please Attach)

Name of Recipient Organization

Address

City, State, Zip

Primary Contact

Title

Primary Contact Email Address

Primary Contact Phone

Secondary Contact

Title

Secondary Contact Email Address

Secondary Contact Phone

Indicate the manner in which gift certificates/donation will be used:

2020 Quantity Requested:

DEADLINE FOR SUBMITTING APPLICATION: August 1, 2020

I hereby certify that all the information provided on this form and otherwise in connection with this application is accurate and true and that the certificates received will be used only in the manner listed above. I further understand that previous receipt of certificates/donation or submission of this application does not guarantee future approval.

Printed Name of Primary Contact

Title

Signature

Printed Name of Secondary Contact

Title

Signature

FOUNDATION USE ONLY

APPROVED 2020 Quantity:

DENIED Reason:

Foundation Chairman Signature

Date