

ANNUAL TURKEY DRIVE DONATION APPLICATION



APPLICANT INFORMATION

Name of Recipient Organization

501c(3) Yes No (Please Attach)

Address

City, State, Zip

Primary Contact

Title

Primary Contact Phone

Primary Contact Email Address

Secondary Contact

Title

Secondary Contact Phone

Secondary Contact Email Address

2023 Quantity Requested:

DEADLINE FOR SUBMITTING APPLICATION:

July 1, 2023

Indicate the manner in which gift cards or donation will be used:

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 donation received will be used only in the manner listed above. I further understand that the previous receipt of a PAAR CARES Foundation donation, or submission of this application does not guarantee approval.

Printed Name of Primary Contact

Signature

Printed Name of Secondary Contact

Signature

FOUNDATION USE ONLY

APPROVED 2022 Quantity:

DENIED Reason:

Foundation Chairman Signature

Date