



Assistance Request Form

(All information MUST be complete for consideration.)

Organization: _____

Address: _____

Contact Person: _____

Phone Number: _____

Tax-ID Number: _____

Date/Time of Project: _____

(NOTE: Request must be received at least 4 weeks in advance for consideration.)

Description of Assistance Needed:

Please note that all requests cannot be fulfilled. You will be contacted regarding the decision made on your request.

For Office Use Only:

Approved: _____ Declined: _____

Return Call Date: _____

Store Director Signature: _____