

FOR OFFICE USE ONLY

Date received: Approved? Yes / No

A winning combination since 1939.

Donation Request

Contribution Guidelines:

The proceeds for this request must benefit a community event or charitable cause

To assure fair p	processing, this request mus	t a community event or charitable cause. St be completed and returned <u>seven</u> days prior to the date it is needed.
Date:	Deadline for	Event Date:
	response:	
Organization	Requesting	
Donation:		
0	4.1.1	
Organization	Address:	
Is this organiz	zation for	
profit?		
If yes, how are	e the profit's	
used?		
Contact Name	2:	
Contact Phon	e Number:	
Contact Addre	ess:	
E-Mail:		
President or l	Head of	
Organization:		
Specific Items	Requested:	
•	•	
7 .31 1	1.0	
Is this item fo	r resale?	
	or advertising	
what is the co		
Purpose/Reas		
Donation Req	uest:	
The Carelana	er contributed	
to this organi		
Has Sam's cor		
	tion this year?	
	r been a Sam's	
Customer?	i been a sam s	
Are you seeki	ng donations	
from other re		
Additional Co		

Send completed form to:

Sam's Italian Foods 268 Main Street Lewiston, Maine 04240 Fax: (207) 782-3827 E-Mail: info@samsitalian.com