

Polly's Food Service, Inc.  
1821 Spring Arbor Rd  
Jackson, MI 49203  
P: 517.787.6081 F: 517.787.0160

## Standard Charitable Donation Form

(Must be completed by soliciting agency or individual)

Name of Soliciting Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ State Non-profit Incorporated in: \_\_\_\_\_

Has the IRS Granted your organization Tax Deductible Status: \_\_\_\_\_

### Agency Info

What is the Service Nature of your Organization? \_\_\_\_\_

What use will the gift(s) be put? \_\_\_\_\_

What amount are you seeking from us? (If not cash, please identify the item you are seeking)

Give the Name and Address of any parent organization your group functions under:

Is this for a special event? If so when is the date? \_\_\_\_\_

### Contact Info:

Your Name \_\_\_\_\_

Your Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

What is your relationship to the Agency you are soliciting:

Volunteer \_\_\_\_\_ Employee \_\_\_\_\_ Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
Solicitor's Signature

\_\_\_\_\_  
Today's Date