

REQUEST FOR DONATION

Organization name _____
Address _____
City, ST, Zip _____
Telephone number _____
Contact person/title _____
Email Address _____

Project Category - Check one:

- Hunger Relief** – Does your work contribute to the fight to end hunger? Or support the people and organizations that open their doors to fight hunger?
- Nutritional Wellness** - Is your request related to nutrition, health education or preventative medicine?
- Cultural Diversity** – Does this request support the idea to build communities of respect and tolerance for differences and encourage communities to engage in dialogue about the issues of diversity in our society or the interdependence of national entities and people?

Name of project _____
Geographic area(s) impacted _____
Sweetbay location at which you shop _____
Amount requested _____

If you're requesting an amount less than \$2,500, please submit your request to the Sweetbay store in which you shop.

Please provide the below information with this request.

1. Mission statement with a brief description of organization's background
2. Description of the specific project for which funding is requested and the projected outcomes. From where or whom are you currently receiving funding for this project?
3. Itemized breakdown of funding needs (i.e. operational costs, supplies)
4. Through a true partnership, where both parties benefit, how will you increase foot traffic at our stores?
5. What marketing/promotional support can Sweetbay expect by partnering with your organization?

***Upon completion of this form, please mail to:
Sweetbay Supports ▪ 3801 Sugar Palm Drive ▪ Tampa, FL 33619***