

**Charity Donation Request Form**

* Requests must be submitted 60 days prior to your event to allow time for review and approval.
* Applicants must be a current 501(c) organization to be eligible for consideration.
* Please submit your request and this form to sarah@cojocatering.com

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| Organization Information |
| Na me/Organization: Na me/Organization: EIN/ Tax ID # : Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_501(c) Status: City, State, Zip: Website: Contact: Cell: Email:  Has this organization received a CoJo Catering donation in the past? No If yes, when? Are you willing to recognize CoJo’s contribution? ­\_\_\_\_\_If yes, briefly describe: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you/organization a CoJo client? If yes, who is the contact?  |
| If no, how did you find us? Please circle one: Friend/Referral/Google Search Friend/Referral Name­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­ |

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| Event Information |
| Event Name: Date a nd Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location of Event: Event Web site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purpose of the Event: ­­ \_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­How will the funds raised be used: \_ Community the event will serve: \_\_\_\_\_\_\_\_\_\_\_\_Expected # of Attendees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Request Type: Silent Auction GC Food Donation Event Sponsorship/ In-kind Please list any and all food & beverage requests: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 Signature of Applica nt: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I verify that I am an authorizing agent of the requesting non-profit and this organization qualifies for 501(C)3 status as defined under the IRS and is in full compliance with the USA Patriot Act

For CoJo Catering Use Only

Da te Received: Donation Awa rded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gift Certificate # : Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized By: Delivery Informa tion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Due to a high volume of requests, we must gather very specific information to determine which opportunities we are able to participate in. Friends and clients of COJO will receive priority consideration. Submission of this form does not guarantee that your request will be fulfilled.**