



Donation request form

All requests must be received in writing at least 3 weeks prior to the events for which you are requesting a donation.

Collier Drug Stores, Inc. sets aside a portion of our budget to support charities, events and projects within our community. **We can only consider donation requests that are submitted on this form.** To submit your request, complete this form and drop it at our Dickson Street pharmacy counter or mail it to P.O. Box 1085, Fayetteville, AR 72702, attn: Marketing Department.

REQUESTING ORGANIZATION

CONTACT PERSON PHONE

ARE YOU A CURRENT COLLIER DRUG STORES CUSTOMER? YES NO

DONATION REQUEST (CHECK ONE): CASH IN-KIND (PLEASE DESCRIBE)

FOR A CASH DONATION, WHO IS THE CHECK PAYABLE TO?

MAILING ADDRESS FOR DONATION
CITY STATE ZIP

IS THIS DONATION REQUEST IN ASSOCIATION WITH A PARTICULAR EVENT? YES NO

IF YES, WHEN IS THE EVENT?

PLEASE PROVIDE THE EVENT NAME AND DESCRIBE OR ATTACH THE EVENT INFORMATION

HOW WILL THIS DONATION BE USED? (i.e. silent auction, raffle, etc.)

IS THE REQUESTING ORGANIZATION A 501(c)3 AS CLASSIFIED BY THE IRS? YES NO

HAS COLLIER DRUG STORES, INC. DONATED TO THE REQUESTING PARTY IN THE PAST? YES NO

IF YES, WHAT WAS DONATED? WHEN WAS IT DONATED?

The undersigned hereby certifies that a) the information in this application and supporting documents is correct to the best of his/her knowledge; and b) the Internal Revenue Service 501(c)3 determination has not been revoked, cancelled or modified; and c) funds will be used for the projects outlined in this application and agreed to by both parties.

SIGNATURE DATE

Collier Drug Stores, Inc. will issue a response to your application as quickly as possible. If you have questions about a pending request, call us at 479-935-4345

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS BOX
DATE REQUEST TURNED IN DATE OF EVENT
DATE OF REVIEW NOTES
REVIEWING EMPLOYEE(S)