



# Donation Request

Please complete the form below and drop it by the store or mail it to:

Good Food Store  
ATT: Donations Committee  
1600 S. 3rd Street W.,  
Missoula, MT 59801,

Please attach any supplementary materials that will help us evaluate your request.

organization: \_\_\_\_\_

event: \_\_\_\_\_

date of event: \_\_\_\_\_

item(s) requested: \_\_\_\_\_

request made by: \_\_\_\_\_

phone number: \_\_\_\_\_

donation received by (signature): \_\_\_\_\_

For office use only:

Request taken by: \_\_\_\_\_

Date: \_\_\_\_\_

Donation okayed by: \_\_\_\_\_

Item(s) donated: \_\_\_\_\_

Date picked up: \_\_\_\_\_