# Grimaldi Candies Donation Request Application

Organization requestion donation: _____

Address: _____

Phone: _____

Contact Person: _____

E-mail: _____

Federal Tax-Exempt ID # :_____

Date that donation is needed: _____

1. Please tell us briefly about the organization and/or event that this donation will benefit.

2. Please tell us the type of donation you desire. (i.e. gift basket, chips 'n' chocolate, monetary donation, etc…)

3. Will you be able to provide a receipt for this donation?

4. Is there an opportunity for Grimaldi Candies to take part in your event? (i.e. advertising, on-site sampling, promotions table, etc…) If so, please explain below.

*Thank you for applying. Please fax this application to: 321-433-0063. Or mail to: 3006 US Hwy 1, Rockledge, FL 32955. We consider all donation requests and are happy to be involved in our community. You will receive an answer to your application within two weeks.*