



<b>OFFICE USE ONLY:</b>	Pickup Date: _____
Event ID #: _____	Amount Due: _____
Date Contacted: _____	Comments: _____
Enter Spreadsheet _____	Posted on Calendar _____

186 Ohio Avenue \* Tiffin, Ohio 44883 \* 419 - 447-1814 \*  
 800-323-2447 \* Fax 419-447-5635  
[www.ballreich.com](http://www.ballreich.com)

## APPLICATION FOR DONATION

Ballreich's has always been a contributor to community organizations. In an effort to help us help you, we ask that you fill in as complete as possible the information below and return it to us at the address above. **Due to the large number of requests received, not all can be approved. Reduced pricing may be offered.** An effort will be made to contact you with an approval or denial. At this time a pickup date and time will be finalized. Ballreich's has the right to publish information and comments regarding this donation without restriction or liability.

Today's Date: \_\_\_\_\_ Pickup Date \_\_\_\_\_ Event Date: \_\_\_\_\_

**\*\*\*ALL DONATIONS MUST BE PICKED UP AT OUR TIFFIN LOCATION – FRIDAYS 8:00am-12:00pm\*\*\***  
 or shipping paid by recipient. Donation form must be received full 3 weeks prior to event date. Pickup date cannot be scheduled more than 3 weeks prior to the event date and cannot be rescheduled.  
 If donations are not picked up by the date designated, the product will return to inventory.

Organization Name: \_\_\_\_\_

Event or Purpose of Donation: \_\_\_\_\_

\*\*\*Specify Details or Attach Literature: \_\_\_\_\_

501( c ) 3:  Yes  No \_\_\_\_\_ Other \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Contacts - Please include two names with telephone numbers and e-mail if applicable:

1. \_\_\_\_\_
2. \_\_\_\_\_

How will the donation be used (as part of meal, raffle, giveaway, etc.)? Please specify if reselling.

# Persons: \_\_\_\_\_ (required for consideration) SELLING: YES / NO Explain \_\_\_\_\_

**PLEASE SELECT PRODUCT & QUANTITY**

- 2 lb. Box Marcelled Potato Chips (30 servings)
- 4 lb. Box Marcelled Potato Chips (60 servings)

- No Monetary Donation Requests Please**
- Raffle Basket
  - Single Serve 1.5 oz Bags

<b>FOR OFFICE USE ONLY:</b>	
Approved For: _____	
Amount Due: _____	Product Given: _____
Approved / Denied By: _____	Date: _____
Date Received: _____	Print Name: _____ Signature: _____