



Holiday Market Donation Request Form

About You

Your name: _____
First Last

Email: _____ Phone: _____

Do you have a Holiday U Saving You More card? Card number on back: _____

About Your Organization

Name of organization: _____

Address: _____
Street or PO Box City State Zip Code

Is your organization a 501(c)3?

If your organization is a 501(c)3 please attach a copy of the tax-exempt certificate to your form submission email.

If you are unable to attach a copy of the file with this form please fax a copy to 734-844-7757.

Your organization's mission:

Has your organization received a donation from Holiday Market in the past?

Your relationship to the organization: _____

Executive Director: _____

Board President (if different): _____

About the Donation

Name and Type of event the donation will be used: _____

Event Goal: _____

How will the donation be used? _____

Exact donation seeking: _____

If requesting refreshments, how many people do you wish to serve with the Holiday Market contribution? _____

How is recognition given to donors (at the event, prior, during, etc.): _____

Receiving Donation

Date needed: _____ Time needed: _____

Person picking up donation: _____

Person picking up donation work/home phone numbers: _____
Work Home

If approved, Holiday Market will provide your organization with specific information on where and when the donated product will be available for pick-up.