

Great Harvest Bread Co.[®]

DONATION REQUEST FORM

Here at Great Harvest we believe in giving generously to others. We welcome opportunities to help our community, and appreciate your interest.

OUR DONATION GUIDELINES:

- We donate to non-profit organizations that serve our community.
- We donate our products: bread and cookies.
- We can consider only donation requests that are submitted on this form. We cannot handle requests over the counter or by phone.
- We ask for at least one week notice of any donation request, but advise as much notice as you can give.
- Donation requests are filled on a first-come, first serve basis. Because of the volume of requests we receive, it is more likely we can help you if you make your request early.

Organization Name _____
Name of Event _____
Date & Time of Event _____ Number in Attendance _____
Contact Person _____
Contact Person Address _____
Phone # (daytime) _____ FAX _____ e-mail _____

TYPE OF DONATION REQUEST:

_____ Refreshments (please specify: _____ Bread, _____ Rolls, _____ Cookies)
_____ Auction Item (ex., Bread Basket) _____ Door Prize (quantity: _____)

Please briefly note how this event will benefit our community:

Signature _____ Date _____

RESPONSE

Yes. We are happy to donate the following _____
Retail value of the donation _____
Please arrange to have the donation picked up at the bakery on _____, after _____

_____ Sorry, but we are unable to donate at this time, but please ask us another time.

Please return this form to Great Harvest: (Enter your name, phone, address, email and fax number)

Approved by _____ Date Approved _____

DONATION

ORDER FORM

Organization _____

Contact Person _____

Phone # _____ FAX _____

E-mail _____

Donation Items:

Special Instructions to GH Crew:

Order should be picked up _____ (date) at _____ (time)

Order will be filled on _____ (date) _____

To be signed when the Donation will be picked up

Organizational Representative _____

Date _____ GH Crew _____

Approved by _____ Date Approved _____

DONATION

ORDER FORM

Organization _____

Contact Person _____

Phone # _____ FAX _____

E-mail _____

Donation Items:

Special Instructions to GH Crew:

Order should be picked up _____ (date) at _____ (time)

Order will be filled on _____ (date) _____

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