



**Product Donation Request Form**

Date of Request: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

501(c)(3) Federal Tax ID or Federal EIN: \_\_\_\_\_

What product/supplies are you requesting (PLEASE SPECIFY QUANTITIES NEEDED): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date donation is needed: \_\_\_\_\_

Briefly describe the mission/purpose of your organization: \_\_\_\_\_  
 \_\_\_\_\_

Briefly describe the purpose of the donation: \_\_\_\_\_  
 \_\_\_\_\_

Has NYSDF provided a donation for your organization in the past?  Yes  No

*If yes, what items and when?* \_\_\_\_\_

Additional information or comments: \_\_\_\_\_  
 \_\_\_\_\_

The above information is correct to the best of my knowledge. Should the donation be approved, donated goods will be used for the purpose listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Delivery:  YES – Please ship donation to  NO – We will pick up any donation

Address above

Alternate address:

<b>**FOR NYSDF USE ONLY**</b>	
<input type="checkbox"/> Approved	Approval signature: _____
<input type="checkbox"/> Rejected	Approval date: _____