



Dear Community Member:

As a locally owned family business, “Community Support”, is a core value of our company. We strive to spread our limited resources across our community by helping support our local schools, community groups, and non-profits. Due to the high number of requests we receive each year, we ask all organizations seeking a donation to fill out the attached **Donation Request Form**. This will allow us to better understand your group’s needs and our abilities to meet them.

Our management team personally reviews donation requests on a monthly basis. Please make sure you fill out this form well in advance of the date needed. We will contact you within 2-4 weeks of receiving your request on how we may be able to help your organization. On behalf of our team at Thompson’s Sanitary, we would like to thank you for taking the time to complete the form to help us better understand your donation request.

Thank you for all you do for our community,

The Thompson’s Sanitary Service Management Team



### Donation Request Form

*To help expedite the donation process, please complete this form and email to [info@thompsonsanitary.com](mailto:info@thompsonsanitary.com), or mail to:  
Thompson's Sanitary Service, Attn: Community Relations, PO Box 643, Newport, OR 97365*

Today's Date: \_\_\_\_\_ Donation Deadline: \_\_\_\_\_

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

Tax ID #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Type and/or donation amount you're requesting:

What will this donation be used for and when, please specify who it will benefit?

Tell us about your organization and how long it has been in existence?

Are you planning any advertising, if so, what? And as a sponsor would we be included in that?

FOR OFFICE USE ONLY:

Donation Y \_\_\_ N \_\_\_ Reason: \_\_\_\_\_

Date Sent: \_\_\_\_\_ Initials: \_\_\_\_\_