

SEVANANDA

NATURAL FOODS MARKET
~cooperatively owned since 1974~



CONTRIBUTION/SPONSORSHIP REQUEST FORM

ALL REQUESTS ARE SUBJECT TO APPROVAL BY SEVANANDA MANAGEMENT
 PLEASE ALLOW ONE WEEK FOR RESPONSE

REQUEST SUBMISSION DATE _____

NAME OF GROUP/ORGANIZATION _____

ARE YOU A NOT-FOR PROFIT/NON-PROFIT ORGANIZATION _____

CONTACT PERSON _____ POSITION _____

PHN # _____ WK _____ HM _____ CELL/ EMAIL: _____

WEBSITE _____

DATE OF EVENT _____ DAY _____ TIME _____

NATURE OF EVENT _____

NUMBER OF PEOPLE EXPECT TO ATTEND _____

DESIRED DONATION:

\$ _____ IN SEVANANDA GIFT CERTIFICATE

\$ _____ MONETARY CONTRIBUTION

AND/OR LIST SPECIFIC PRODUCTS DESIRED _____

FOR OFFICE USE ONLY

CONTRIBUTION _____

VALUE \$ _____ APPROVED BY _____ DATE _____

P/U DATE/TIME/LOCATION _____

DELIVERY DATE/TIME/LOCATION _____

CODE _____	AMOUNT _____
CODE _____	AMOUNT _____
CODE _____	AMOUNT _____

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TTL AMT _____