

Real Chili

Charitable Donation Form

Organization name:

501c3 number or education tax id:

Contact person:

A. Name

B. Email

C. Phone

Event/program date:

Today's date (only requests submitted 60 days prior will be reviewed):

Brief description of event/program:

What audience does your organization and this program help? (i.e. meals for homeless women and children)

Real Chili customer referral (name of person who comes into Real Chili regularly – they can also drop this off in person):

Donation preference (rank your preference):

- A. _____ gift card (value: \$_____)
- B. _____ in kind food (number of people:_____)
- C. _____ cash/sponsorship \$_____ (desired amount/levels – include an attachment if helpful)
- D. _____ other: if applicable, write in request:

Signature:

Date:
