



## Assistance Request Form

(All information MUST be complete for consideration.)

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

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

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Tax-ID Number: \_\_\_\_\_

Date/Time of Project: \_\_\_\_\_

(NOTE: Request must be received at least 4 weeks in advance for consideration.)

Description of Assistance Needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that all requests cannot be fulfilled. You will be contacted regarding the decision made on your request.

For Office Use Only:

Approved: \_\_\_\_\_ Declined: \_\_\_\_\_

Return Call Date: \_\_\_\_\_

Store Director Signature: \_\_\_\_\_