



DONATION REQUEST

Tops Industries, Inc.
PO Box 1550
Weaverville, CA 96093
Phone (530) 623-2494
Fax (530) 623-2593
Email shop@topsmkt.com

Complete and Mail or Fax to:

Tops Market is a family-owned company, and dedicated to supporting our community. If you are a registered charity or a non-profit with an upcoming event and would like to submit a request for donation or sponsorship, please complete the requirements below and submit by mailing or faxing to the information above. All donation requests must be received at least 4 weeks prior to an event.

In your written request, please detail the purpose of your organization, what your specific needs are, and whom the donation or sponsorship would benefit.

As an active member of our community, we focus on supporting organizations that fall into the following areas:

- Education
- Youth Sports
- Cultural Youth Programs
- Healthcare
- Hunger and Nutrition
- Needy and Disadvantaged

We will also consider requests regarding other categories from organizations that share our company's values. Please note that we do not donate to individuals or teams. We do not accept donations requests over the phone.

While we would like to be able to help out everyone who submits a request, we are not always able to offer support. Because of the high volume of submissions we receive, we are not always able to respond to each request. If for some reason we are unable to fulfill your request, you may submit again in the future. Our Committee will review all applicants on the first of each month and make an effort to rotate support throughout a wide variety of organizations. We will contact your organization upon the approval of your request.

Thank you for including Tops in your community-support efforts, we wish you the best of luck on your endeavors!

Group or Organization: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____ Web Site: _____

Date Donation Needed: _____ Type of Event: _____

Donation Pick Up Date: _____ Number of People Attending: _____

Has your organization received a donation from Tops before? _____ (If yes, please explain) _____

Item(s) requested: _____

Total Request Value: \$ _____

To be considered for a donation the following items must be submitted with your request.

- Formal request for donation on organizations letterhead along with a brief description of your organization and its causes.
- Federal Tax Id number, for nonprofit organization and a copy of letter verifying nonprofit status.
- Explain a brief description how Tops will be recognized.
- This form fully completed. (Donation Request Form)



Download Donation Forms, visit:
www.topmkt.com

For Office use Only	Date Donation request received: _____
	Date Organization contacted: _____
	Donation Granted by: _____