

# CHARITY



# REQUEST

## PLEASE READ BEFORE CONTINUING

Thank you for this opportunity to help your group or organization. Doc's receives a substantial number of charitable requests each week (20-30) and unfortunately we cannot participate through promotion or donation in all of them. To help us make a decision regarding your charitable event, we need you to answer the following questions. Receipt of application is no guarantee of participation and you may be asked to submit this form again or additional information in follow-up. **Past participation is no guarantee of future consideration but should be noted. Due to application volume, you will only be contacted if we are in a position to participate.** You are more than welcome to follow-up with us by phone or e-mail if you have not heard from us. **PLEASE ALLOW 3 WEEKS ADVANCE NOTICE. Thank you.**

## CUSTOMER INFORMATION

Are you a Doc's customer?  Yes  No

If not, is someone in your group?  No  Yes, their name is: \_\_\_\_\_

## GENERAL INFORMATION

Today's Date: \_\_\_\_\_

Charity receiving benefits: \_\_\_\_\_

If different from above, your group name? \_\_\_\_\_

Event name: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_

Sponsorship/donation deadline: \_\_\_\_\_

Can you provide Doc's with a tax deductible receipt for donation?  Yes  No

Is this the first year for the event, if not, when was it established?  Yes  No \_\_\_\_\_

## CONTACT INFORMATION

Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## EVENT DETAILS

What is the charitable goal of your organization or this event?

---

---

---

How many people will benefit from this event?

---

What is the estimated attendance for the event?

---

