



As a member of the Dexter community for 30 years, all of us at Dexter Pharmacy want to see Dexter thrive. We have always supported community and charitable events and will continue to do so. We want to support your organization in any way we can and appreciate you taking the time to complete this form. Please attach any additional information you think will be helpful (event announcement, flier, etc.).

Organization Name: _____

501(c)3: Yes No Have you received a donation from us in the past?: Yes No

Your name: _____ Role in organization: _____

Name of Executive Director or Board President: _____

Description of event or reason for donation request: _____

Date donation required*: _____ Event date: _____

Event location: _____

Donation request (cash, gift card, merchandise valued at...): _____

Make check payable to (if applicable): _____

Recognition provided to donors: _____

Contact person: _____ Phone: _____

Email address to send logo: _____

DONATION DETAILS:

Donation value: \$ _____ Donation type: Check Gift card Merchandise

Item name for display: _____

Description of merchandise: _____

Manager: _____ Date: _____

Received by: _____ Date: _____

Signed: _____

*** FORMS MUST BE SUBMITTED AT LEAST SEVEN (7) DAYS PRIOR TO THE DATE DONATION IS REQUIRED**