

Partnership Request Form

Complete steps 1-3 and return completed form to the Store or DC Director.

NOTE: Forms must be completed in full and returned a minimum of 30 days before event/program deadline.

STEP 1: O	rganization o	contact information	on						
Today's date:		Nonprofit federal tax ID number:							
Name of organia	zation:								
Contact first nar		Contact last name:							
Organization ad		City:				State:	Zip code:		
Organization telephone number (xxx) xxx-xxxx:			Cell phone r	Cell phone number (xxx) xxx-xxxx:			Fax number (xxx) xxx-xxxx:		
Email address:									
STEP 2: Re	equest desc	ription							
	o one (1) of the fol	llowing categories:	Норе						
Type of request (check type and fill in amount): □ Gift card: \$ □ Program/event sponsorship: \$									
□ Product donation (list items requested and quantities):(attach list if needed)									
Please explain	request and how p	oartnership would work:							
(If applicable) E		Date of event:							
Time:		Location:							
STEP 3: Re	ecognition a	t event							
How will we be	recognized? Plea	se check all that apply:							
□ Banner	□ Sign	□ Ad [□ Logo on t-sh	nirt	☐ Free entries		Opportunity to volunteer		
☐ Television	□ Radio	□ Print [□ Social media	a	□ Website		Other:		
RETAIL ST	ORE / DC TO	O COMPLETE							
Store number o									
		Stores, choose one of the following options:							
		Option 1: Donation given at store: \$ gift card and/or \$ product cost							
Store director/ D	OC signature:		Option 2: \$ recommended donation for corporate review: Scan and email your Community Engagement Managers: Dawn.Bredeweg@spartannash.com or Courtney.VanGilder @spartannash.com						
Pickup signature	e:							form and save to your under Donations mpleted forms	