



COMMUNITY COFFEE CO.
Product Donation Request Form

30-day notice is required for all donations

Date: _____

Name of Group/Organization: _____ Tax ID # _____

Contact Name: _____ 501 (c) 3 Organization: Yes [] No [] Nonprofit: Yes [] No []

Telephone # _____ Alternate # _____ Email: _____

Please choose one of the following options:

Grid of donation options: Coffee Service, Auction Item / Gift, Trial Size Packages, and Community Coffee House (CC's®) Gift Cards. Each option includes a checkbox, description, and quantity information.

Information about organization and intended use of donation:

Three horizontal lines for providing information about the organization and intended use of the donation.

Number of Attendees Expected: _____

Did a Community Coffee Employee refer you? If so, Who? _____

Has your organization requested a donation within the last 12 months? [] Yes [] No

Are you or your organization a Community Coffee Customer? [] Yes [] No

Name of Event: _____ City and State: _____

Date of Event: _____

Please complete this form and email to donations@communitycoffee.com or fax it to (225) 368-4584 Attn: Donation Requests

Do Not Mark Below This Line. For Internal Use Only

PR Approval/Contact: _____ Request Time of Pick up: _____

Budget Code: _____

Special Instructions _____