

*Cyd's Gourmet Kitchen* is encouraged to make significant + substantial contributions, by strengthening our health and education in our community. We recognize there are many causes worthy of support, but by focusing our resources in a few areas we feel our impact is greater.

*Cyd's* will try to respond to your contribution request if we can identify with the effort or the cause. We try not to base our decision upon whether our own self-interest will be helped by responding or hurt by not responding. We will ask these questions:

- Is your organization or event clearly nonprofit or charitable?
- Is your request coming from an organization that will improve health, educational, cultural or civic vitality in our community?
- Does contributing to your organization touch on our prioritized areas of concern?

Thank you for filling out this request form. It helps us greatly with our decision-making and record-keeping.

YOUR NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
YOUR PHONE: \_\_\_\_\_ YOUR EMAIL: \_\_\_\_\_

### ABOUT YOUR ORGANIZATION

The organization seeking the donation: \_\_\_\_\_

Is it a 501[c]3? (Please submit a copy of the tax-exempt certificate.)    yes                      no

What is your organization's mission? Please submit. \_\_\_\_\_

Has it received a donation from *Cyd's* in the past?                      yes                      no

Your relationship to the organization: \_\_\_\_\_

Organization's Executive Director: \_\_\_\_\_

Organization's Board President: \_\_\_\_\_

### ABOUT THE DONATION

The name + type of event at which the donation will be used: \_\_\_\_\_

The event's goal: \_\_\_\_\_

What will the donation be used for?    auction item                      prize item                      refreshments

Other: \_\_\_\_\_

The exact donation you are seeking: \_\_\_\_\_

If requesting refreshments, how many people do you wish to serve with the *Cyd's* contribution? \_\_\_\_\_

Recognition to donors [at the event, prior, subsequent, etc]: \_\_\_\_\_

### LOGISTIC BASICS

We will provide specific information as to where donated product will be available for pick-up.

Dated needed: \_\_\_\_\_ Time needed: \_\_\_\_\_

Who will pick it up? \_\_\_\_\_

Person's work/home phones: \_\_\_\_\_

### SIMPLE INSTRUCTIONS

Please mail this form to 5901 N Prospect Rd. Suite 5A. Peoria Illinois 61614 or fax to 309.693.3365.

Please understand that the more lead time we are given to consider your request, the greater the chance that we can find some way to help you.

We strive to acknowledge your request within five business days of receiving this completed form, and will do our best to have an answer for you within two weeks. If you haven't heard back from us within this time frame, this form may have been lost, so please give us a call at 309.685.1100.

### FOR CYD'S USE

Date Rec'd

Approved or Declined?

Date of Reply

Decision Made By

TOTAL COST OF GOODS

*\*Cyd's: always local. always fresh.*