



PO Box 356
Oxford, IA 52322

Oxford : (319) 828-4234
Tiffin : (319) 545-9515
Coralville : (319) 354-3800
Fax : (319) 828-8058

Donation Request Form

In order for us to consider your request, please complete this form in full, attach supporting documentation if necessary; sign, date and submit to the closest store, by fax, or the address listed above. Unfortunately, we cannot accommodate the requests of all organizations/events. However, we assure that all requests receive a fair review.

The Depot requires that your inquiry be submitted **15-30 days in advance** of your event to allow for proper consideration. This however, does not guarantee receipt of donation, it only allows us ample time to review the numerous requests we receive. We appreciate the importance of your efforts and we will do as much as we can to support our community's organizations. If your request is approved, you will be notified about when your organization can pick the donations up from our store. Thank you for your inquiry and we wish you all the best in your efforts.

Name of Organization: _____

Telephone: _____ E-mail Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Information

First Name: _____ Last Name: _____

Event Name (if different than organization name): _____

Date of Event: _____

Specific donation requested from The Depot and brief description of what it will be used

for: _____

Brief description of event:

Has The Depot contributed to your organization in the past year? If yes, please explain:

Are there any Depot employees involved in your organization/event? If yes, please list:

When is the donation needed by? _____

Who is the contact person who will pick it up from the store? _____

Phone number for contact person: _____

Requestor's Signature: _____

Date: _____

For questions you may have about this process, please feel free to call The Depot at any of the numbers listed above.

AT TIME OF DONATION PICK UP:

Signature: _____ **Date:** _____

For The Depot Use Only:

Request declined

Request approved

Authorization signature & date _____

Authorization signature & date _____

Description of actual donation _____

Fair Market Value of donation \$ _____