



IN-KIND DONATION REQUEST FORM

All applications need to be submitted a minimum of 6 weeks prior to your event.

Date of Application:

CONTACT INFORMATION

Last name:	<input type="text"/>	First name:	<input type="text"/>
Address:	<input type="text" value="Street address"/>	Title/Relationship:	<input type="text"/>
	<input type="text" value="City"/> <input type="text" value="State"/> <input type="text" value="Zip"/>	Telephone:	<input type="text"/>
	<input type="text" value="Province/Country"/>	Email:	<input type="text"/>

ORGANIZATION INFORMATION

Legal name:	<input type="text"/>		
Organization address:	<input type="text" value="Street address"/>	Telephone:	<input type="text"/>
	<input type="text" value="City"/> <input type="text" value="State"/> <input type="text" value="Zip"/>	Website:	<input type="text"/>
	<input type="text" value="Province/Country"/>	Email:	<input type="text"/>
EIN/Tax ID Number:	<input type="text"/>	Mission and/or Vision:	<input type="text"/>

Which of the Chef Works focus area(s) of giving does your organization align with? Choose from three areas: **1.** the elimination of children living in poverty, **2.** children and adults living with intellectual and developmental disabilities and **3.** protecting and improving the environment.

Please explain how this event aligns with the given priorities selected above.

Has your organization received funds from Chef Works in the past?

Yes No If yes, please explain below

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EVENT INFORMATION

Event name: Date of the event:

Description of the event:

Event location:

Expected attendance: Audience description:

Is there an opportunity for Chef Works' logo and/or website to be featured on the event materials?

Yes No If no, please complete below

If not, how will Chef Works' donation be recognized?

IN-KIND REQUEST

Item(s) requested, including quantities. (i.e. aprons, apparel, cutlery, etc)

When is the donation item(s) needed?

Ship-to Address:

Street address

City State Zip

Province/Country

Attention

CERTIFICATION

By signing this application, I certify that I am an authorized agent of this requesting organization, this organization complies with anti-discrimination laws and all 501(c)3 applicable laws, including those relating to tax-exempt status, charitable registration and reporting as defined by the Internal Revenue Service.

Signature

Please submit the completed In-Kind Donation Request Form via cwinkinddonations@chefworks.com.

Include the following attachments with your email:

- 501(c)3 status
- Non-discrimination policy
- Supporting materials (i.e. event invitation, program description, etc)

Once these forms are received, we will review each request within four weeks. Thank you for considering Chef Works for your charitable organization.

Title

For Chef Works Use Only:

Date received: Fiscal year:

Approved? Yes No Mail date:

Description:

Authorized by:

Notes: