



**GOOD
FOOD**

S T O R E

Donation Request

Please complete this form and drop it by the
Good Food Store Customer Service Desk or mail it to:

*Good Food Store
Attention: Donations Committee
1600 S. 3rd St. West
Missoula, MT 59801*

Please attach any supplementary materials that will
help us evaluate your request. *Please allow up to two
weeks for approval.*

Date Request Submitted _____

Date of the Event _____

Organization Name _____

Organization Address _____

Event Name & Description _____

Desired Donation _____

How Will the Donation be Used _____

Contact Name _____ Contact Phone _____

Contact Email Address _____

For Office Use Only

Request Received By _____ Date _____

Donation Approved By _____ Item(s) Donated _____

Donation Received By (signature) _____

Date Picked Up _____