



Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Donation needed by: \_\_\_\_\_

## Donation Request Application

At least three weeks notice is required for all donation requests.  
Please fill out the following form and attach any supporting materials.

Today's Date\*: \_\_\_\_\_ Event Date: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_

\*please note that 3 weeks notice is required

Organization: \_\_\_\_\_

Is it a 501(c)3?  yes  no Organization's Website: \_\_\_\_\_

Organization's Mission Statement: \_\_\_\_\_

Exact donation you are seeking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you received a donation from us in the past?  yes  no

Contact : \_\_\_\_\_ Title: \_\_\_\_\_

Phone : \_\_\_\_\_ Email: \_\_\_\_\_

Recognition to Health Hut Stores and/or Java Hut (i.e. listed on your website, posted on Facebook or Instagram, our logo(s) included in advertisements\*, printed in your brochure, etc):

\_\_\_\_\_  
\_\_\_\_\_

\*is the Health Hut Stores or Java Hut logo needed?  yes  no

**If this donation is for an event, please complete the following:**

Name of event at which the donation will be used: \_\_\_\_\_

Type of event: \_\_\_\_\_

Expected # of attendees: \_\_\_\_\_ Event Location: \_\_\_\_\_

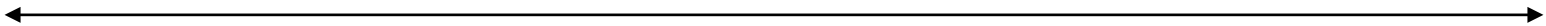
What will the donation be used for? \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note: We will do our best to accommodate your request.  
Donations are allocated each quarter and are made at the discretion of  
Health Hut Stores/Java Hut management.  
If your donation is approved, you will receive an email with pick-up instructions.



**Office use only:**

APPROVED     DENIED    Reply Date: \_\_\_\_\_

Items Donated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gift Card Value: \_\_\_\_\_ Total COGS: \_\_\_\_\_