



# DONATION APPLICATION

Your completed application must be received at least 30 days in advance of your event date in order to be considered. You will receive email confirmation of receipt whether Rising Tide is able to honor your request or not. While we understand your request is important to you, please refrain from calling for follow-up.

*Please thoroughly read Rising Tide's donation guidelines before submitting your application*

**Today's date:** \_\_\_\_\_ **Event date** \_\_\_\_\_

(Rising Tide must receive Donation requests at least 30 days prior to your event)

**Organization:** \_\_\_\_\_ Are you a 501 (c)3 Non Profit  Yes  No

**Type of organization/event:** Please check the appropriate box **501(c)(3) or tax ID #:** \_\_\_\_\_

Health  Nutrition  Education  Environment  Other: \_\_\_\_\_

**Are you a Rising Tide Member/Owner?**  Yes  No **If yes, Rising Tide Owner #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Description of Event/Program:** \_\_\_\_\_

**How many people will be attending this event?** \_\_\_\_\_

**How will Rising Tide Community Market be acknowledged for this event?**

**Requesting:** Please check the appropriate box

Rising Tide gift card  Product \_\_\_\_\_

**Does this donation directly benefit the organization listed above?**  Yes  No

*If no, please provide the necessary information for the beneficiary*

**Please mail or email your application and any relevant information to:**

Rising Tide Community Market  
Attn: Donations  
323 Main St , Damariscotta, ME 04543

Email: Christine.s@risingtide.coop, 207-563-5556

Although we would like to support every worthwhile cause, due to the volume of applications we receive and limited budget, it is not possible to fulfill every request.

Updated 5/4/11