

Quality Foods Donation Application



For your application to be considered, it must be turned in at least 4 weeks prior to pick-up. Unfortunately we are not able to fulfill every request and will only contact you if we can provide a donation. *Please read all guidelines on the donation guideline form.*

Today's Date: _____ Event Date: _____ Pick up Date: _____

Organization's Name: _____ 501C3 # _____

Address: _____

Contact Person: _____ Position: _____

Telephone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Applicant's 9-digit federal tax employer identification number: _____

1. Mission statement of Organization:
2. Description of event:
3. How many people will attend? _____
4. How will Quality Foods be acknowledged for this event?
5. Requesting (check one) Gift Card Food
6. Describe how your donation will be used:
7. Has your organization received a donation in the past from any Quality Foods locations? Y N
If yes, what was the date you received your donation ___/___/___

Drop off, mail, or fax to:

Schofield: 6205 Bus. 51 S. Schofield, WI 54476 Fax: 715-359-6905

Wausau: 730 E. Wausau Ave., Wausau WI 54403 Fax: 715-842-5345

West Grand: 1021 West Grand Ave., Wisconsin Rapids, WI 54495 Fax: 715-424-3634

Baker: 1811 Baker Dr., Wisconsin Rapids, WI 54494 Fax: 715-423-8344

Rib Mountain: 2900 Rib Mountain Dr., Wausau, WI 54401 Fax: 715-848-5885

For office use only: Was donation accepted? Y N Amount Donated: _____ Date: _____