



(To be submitted at least 6 weeks prior to event)

PLEASE PRINT CLEARLY FOR ACCURACY

DONATION FAX/MAIL REQUEST FORM

Date of Request: ___ / ___ / ___

Date of Event: ___ / ___ / ___

Organization: _____

501(c)(3) #: _____

Contact Name: _____

Phone (Day): _____ Email: _____

Evening: _____ Fax: _____

Mail Address: _____

City: _____ State: _____ Zip: _____

Other pertinent information:

Explanation of non-profit organization's mission:

Description of event (overview, attendance, demographics, location):

Have you received a Stonyfield donation before? No Yes, Years _____

Number of servings requested (Stonyfield will set # of samples provided) _____

I do not require any yogurt product, I am requesting a raffle item.

How will yogurt be picked up? At Stonyfield on : _____

At the following distributor (please check one)

- Atlantic Cold Storage, Carlstadd,NJ
 Philadelphia Cold Storage, PA
 Richwill Freezer, Chicago, IL
 Merchants Terminal, Landover, MD
 Preferred Freezer, Miami, FL
 PSI, Tacoma, WA
 Henningsen Cold Storage, Portland, OR
 Dairy Fresh, Ontario, CA
 Dreisbach Enterprises, Oakland, CA
 Other

Will you: Give yogurt away for free?

How will yogurt be stored (34F - 40F)?: _____

How will yogurt be distributed? _____

Will there be any mention of Stonyfield in program/signage/advertising (please specify)?

Thank you for contacting Stonyfield. Due to our volume of donations you will be contacted if we are able to accommodate your request. NO PHONE CALLS PLEASE