



Donation Request Form

Mugshots strives to be a triple bottom line business. Part of that triple bottom line is being a good neighbor and making a positive impact on the community that supports us. We recognize that there are many causes worthy of support, but by focusing our resources in a few areas, we feel our impact is greater. Since opening in June of 2004, our giving has been directed toward our immediate communities (Art Museum Area & Manayunk/Roxborough), and in supporting Fair Trade and other green initiatives.

We will try to respond to your contribution request if we can identify with the effort or the cause. We will determine our decision based on these questions:

1. Is your organization or event clearly nonprofit or charitable?
2. Is your request coming from an organization that will improve the health, educational or cultural vitality, or the sustainability of this community?
3. Does contributing to your organization touch on our prioritized areas of concern?

Thank you for filling out this request form. It helps us greatly with our decision-making and record-keeping. We appreciate your time in assisting us to make effective decisions toward the betterment of our community.

YOUR NAME: _____

TODAY'S DATE: _____

YOUR PHONE: _____

YOUR EMAIL: _____

ABOUT YOUR ORGANIZATION

1. The organization seeking the donation: _____
 - a. Is it a 501(c)3? (please include a copy of the tax-exempt certificate) yes no
2. What is your organization's mission? Please submit mission statement and organization's website address: _____
3. Has it received a donation from Mugshots in the past? Yes no
4. Your relationship to the organization: _____
5. Organization's Executive Director: _____
6. Organization's Board President: _____

ABOUT THE DONATION

1. The name and type of event at which the donation will be used: _____
2. The event's goal: _____
3. What will the donation be used for? Auction item prize item refreshments
Other: _____
4. The exact donation you are seeking: _____
5. If requesting refreshments, how many people do you wish to serve with the Mugshots contribution?

6. Recognition to donors (at the event, prior, subsequent, etc): _____

LOGISTIC BASICS

We will provide specific information as to where donated product will be available for pick-up.

Date needed: _____ Time needed: _____

Who will pick it up? _____

Person's contact phone: _____

SIMPLE INSTRUCTIONS

Please mail this form to 2100 Fairmount Avenue, Philadelphia, PA 19130, or fax to 267.514.7146. Mark "Attention: Donation Requests". Please understand that the more lead time we are given to consider your request, the greater the chance that we can find some way to help you. We strive to acknowledge your request within five business days of receiving this completed form, and will do our best to have an answer for you within two weeks. If you haven't heard back from us within this time frame, this form may have been lost, so please give us a call at 267.514.7145.

FOR MUGSHOTS USE ONLY:

Date Received:

Approved or Declined?

Date of reply

Decision made by

Charge to which business?

Record entry date

Total COGS