



## 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. This focus is toward our *immediate* communities, and in supporting Fair Trade and local, sustainable food 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 criteria:

1. Organization or event is clearly nonprofit or charitable.
2. Organization's mission is to improve the health, educational or cultural vitality, or the sustainability of *this* community.
3. Organization or event touches 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 YOU AND 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. Where is the organization located? \_\_\_\_\_
4. What communities does the organization serve? \_\_\_\_\_
5. Has it received a donation from Mugshots in the past? Yes No
6. Your relationship to the organization: \_\_\_\_\_
7. Are you a Mugshots customer? Yes No
8. Does your request match all criteria above? Yes No

### 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 contribution? \_\_\_\_\_
6. Recognition to donors (at the event, prior, subsequent, etc): \_\_\_\_\_

### LOGISTIC BASICS

Date needed: \_\_\_\_\_ Time needed: \_\_\_\_\_  
Who will pick it up? \_\_\_\_\_  
Person's contact phone: \_\_\_\_\_  
Mailing address for gift card: \_\_\_\_\_

### SIMPLE INSTRUCTIONS

Please mail this form to 2831 W. Girard Avenue, Philadelphia, PA 19130, or fax to 267.687.4362. 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 two weeks of receiving this completed form. 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