



Family Foods/Payless Foods Charitable Giving Request

Name of Organization: _____

Reason For Request: _____

Type of Donation Requested: Discount Product Other

Item/Type of Donation Requested: _____

Date of Event: _____

Location of Event: _____

Contact Person: _____

Contact's Email Address: _____

Contact's Phone Number: _____

Contact's Address: _____

If Family Foods or Payless Foods has donated to your group in the past, how have we done so? _____

**Please fill out this form completely and return it to your local store.
Applications are considered the 2nd & 4th weeks of every month.**