

DONATION APPLICATION

Please print or type form.

Date: _____

Organization Name: _____

Nonprofit
Organization Name: _____

Address: _____

(Street) (City) (State) (Zip)

Contact Name: _____ Title: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

List any contributions received from Michigan Sugar Company in the past five years:

List any Michigan Sugar Company employees or growers affiliated with your organization:

Please describe the event you are hosting:

Please describe the need for this fundraiser: (i.e. new roof, uniforms, youth or senior aid)

How many individuals will benefit from this project?

If you receive sugar, what are you using it for? (i.e. making products to sell, door prize, cotton candy)

If you receive a promotional item, how will it be used? (i.e. silent auction, door prize etc...)

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PRODUCT REQUEST

Sugar	Package Size Available	How many pounds
White Granulated Sugar	4 10-lb. bags = 40 lbs.	
	8 5-lb. bags = 40 lbs	
	10 2-lb. bags = 20 lbs.	
	12 20-oz. canisters = 15 lbs.	
	2,000 Sugar Packets = 13lbs.	
Golden Light Brown Sugar	12 2-lb. bags = 24 lbs.	
Confectioners Powdered Sugar	12 2-lb. bags = 24 lbs.	

Requested Location for Pickup:

Bay City

Caro

Croswell

Sebewaing

Date Needed: _____

Requested donation will only be available for 10 days after the requested date needed. After the 10 days has expired, a new donation request form will need to be submitted.

PROMOTIONAL ITEM REQUEST

Item Requested: _____

Date Needed: _____

Promotional items are only available for pickup at the Bay City Corporate Office

FUNDING INFORMATION

This section addresses the following points as related to the project requesting funds.

Funding Period – Beginning Date: _____

Funding Period – Ending Date: _____

Amount requested from
Michigan Sugar Company: _____

Organization's Federal
Tax ID number: _____

Total Project Cost: _____

To submit a request by mail:
Michigan Sugar Company, Donations & Contributions Request
122 Uptown Drive, Ste. 300, Bay City, MI 48708