

DONATION APPLICATION

Please print or type form.

	Date:
Organization Name:	
Nonprofit Organization Name:	
Address:	
Contact Name:	(City) (State) (Zip) Title:
Phone Number:	Cell Number:
Email Address:	
List any contributions received from M	lichigan Sugar Company in the past five years:
List any Michigan Sugar Company emorganization:	nployees or growers affiliated with your
Please describe the event you are hos	sting:
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	ng 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
	4 10-lb. bags = 40 lbs.	
White Granulated	8 5-lb. bags = 40 lbs	
Sugar	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.	

	Date Needed:	
Bay City	·	
Caro	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.	
Croswell		
Sebewaing		
	PROMOTIONAL ITEM R	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	Organization's Federal
Michigan Sugar Company:	Tax ID number:
Total Project Cost:	

Email form to: tyler.kring@michigansugar.com To submit a request by mail: Michigan Sugar Company, Donations & Contributions Request 122 Uptown Drive, Ste. 300, Bay City, MI 48708