



DONATION REQUEST FORM

All requests must be made at least 30 days prior to date needed

**Completed forms must be turned into Gateway Pharmacy Sunrise
3103 Yorktown Dr in Bismarck (next to Williquors in NE Bismarck)**

Please complete all fields:

Name of Organization _____

Name and Date of Event _____

Contact Person _____ Phone _____

Mailing Address _____

Reason for Donation Request (please be specific) _____

Amount of Item Requested: _____

Date Needed: _____

Tax ID # of Organization _____

Type of Organization _____

(please indicate if a 501C-3: not-for-profit)

Who does this Contribution benefit? _____

How do you plan to promote our company with this donation? _____

For office use only

Date received

staff member