



STANSFIELD VENDING, INC.



# Charitable Contributions Request Form

Attn: Human Resources – 3172 Berlin Dr. La Crosse, WI 54601

## GROUP OR ORGANIZATION INFORMATION

Date of Request: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PERSON SUBMITTING REQUEST

Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Organization's Primary Purpose/Mission: \_\_\_\_\_

\_\_\_\_\_

Is your group/organization a customer of Stansfield Vending Inc.?  Yes  No

Are there any Stansfield Vending employees involved with your group/organization?

No

Yes - please list: \_\_\_\_\_

## DETAILS OF REQUEST

Purpose of your request/Name of Event: (if needed, attach additional information) \_\_\_\_\_

\_\_\_\_\_

Location of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Type of Request: (check all that apply)  Monetary Amount Requested: \$ \_\_\_\_\_

Giveaway item(s) # of items/type requested: \_\_\_\_\_

<b>INTERNAL USE ONLY</b>	
Date received by HR: _____	Date Processed by HR: _____
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by: _____ Amt./Item(s): _____
Special Instructions: _____	