



DONATION REQUEST FORM

Kanela aims to be an active corporate citizen by making substantial and significant contributions in order to strengthen the health, social, educational and cultural fabric of the Chicago community. Kanela recognizes the importance of many social causes, but we feel by focusing our contributions our impact will be greater. Since 2010, when Kanela first opened, our giving has been directed toward mitigating hunger within the Greater Chicago Area.

Kanela's events team will review ALL contribution requests. Our decision to contribute will be based on the impact the donation will have on the community, and how well Kanela identifies with the effort or cause. The following questions will be asked to help us make an informed decision:

1. Is your organization or event a non-profit or charitable?
2. Please describe the mission statement and goals of your charity event or non-profit organization.
3. How will our contribution positively impact the Chicago community?

Thank you for filling out our Community Giving request form. This form will help us make an effective decision toward the betterment of our community. We will promptly review your submission and you will be contacted with a decision shortly.

YOUR NAME: _____ **TODAY'S DATE:** _____

YOUR PHONE: _____ **YOUR EMAIL:** _____

Information About Your Organization

FOR KANELA USE

1. The organization seeking the donation: _____
2. Is it a 501(c) 3? Please submit a copy of the tax-exempt certificate YES NO
3. What is your organization's mission statement and Web site address _____
4. Has you organization received a donation from Kanela before YES NO
5. Your relationship to the organization: _____
6. Organization's Executive Director: _____

Date Rec'd

Approved or Declined?

About the Donation

1. The name and type of event at which the donation will be used: _____
2. The event's goal: _____
3. What will the donation be used for: _____
4. The exact donation you are seeking: _____
5. If requesting food and refreshments, how many people do you wish to serve: _____

Date of Reply

Charge to which business?

Basic Information

We will provide specific information as to where donated product will be available for pick-up.

1. Date Needed: _____ Time Needed: _____
2. Who will pick it up: _____ Person's work/home phones: _____

Total Contribution

Instructions

Please mail this form to 1552 N. Wells Str. Chicago, IL 60610 or fax to 312.255.1207. Mark "Attention Chris Lardakis". Please understand the more lead-time we are given to consider your request, the greater the chance that we can find some way to help you. We will strive to acknowledge your request within 5 business days of receiving the completed form, and will do our best to have an answer for you within two weeks.