



Enterprises

RESTAURANT GROUP

Grappa ~ Chimayo ~ Wahso ~ Ghidotti's
Windy Ridge Café ~ The Bakery



Ghidotti's



Chimayo



Grappa



Wahso



Windy Ridge Café



The Bakery

DONATION POLICY

Bill White Restaurant Group is proud to partner with several organizations supporting children, health and welfare, diversity and education/arts.

Bill White Restaurant Group holds a long tradition of support for the communities in which it operates.

Bill White Restaurant Group charitable Giving Policy:

Bill White Restaurant Group ***does not*** support the following:

- Individuals seeking aid or assistance
- Conference or seminars
- Travel for individuals or groups
- Beauty/achievement pageants or contestants
- Scholarship programs, outside of the Company's own
- Organizations whom principal impact is outside the United States
- Pledges and payments for walks and telethons

If you would like Bill white Restaurant Group to consider donating to your organization /program and ***you are not excluded by the above guidelines***, please submit a completed donation Request Form AND a letter on the requesting organization's letterhead stating the purpose for the donation (Statement of Purpose).

Completed donation Request Form along with the Statement of Purpose must be submitted a minimum of four weeks prior to the event date.

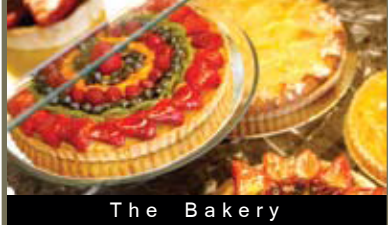
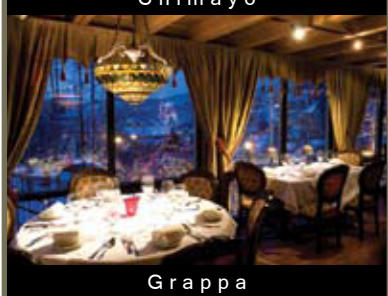
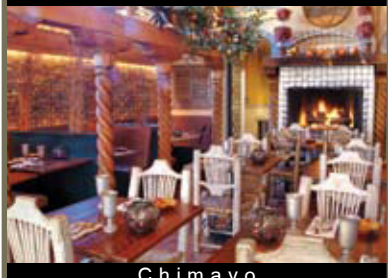
Our donation's committee meets on the last day of each month, and letters of acceptance are sent out no later than the 15th of the following month.

PLEASE - NO PHONE CALLS!

Thank you,

Bill White Restaurant Group
Donation Committee

Bill White Restaurant Group
P.O. Box 3537
1244 B Ironhorse Drive
Park City, Utah 84060
www.billwhiteenterprises.com
P 435.647.2908
F 435.615.1149



DONATION REQUEST FORM

Completion of this form does NOT guarantee that Bill White Restaurant Group will fulfill this request. Unfortunately due to the increasing amount of donation requests we have been receiving, Bill White Restaurant Group is unable to respond to each request. Please initial that you or your organization understands that the Bill White Restaurant Group will not respond unless this request form is approved _____.
(Initials)

Name of Organization: _____

Contact Name: _____ Phone: _____

If donation is granted we may request you to pick up the donation.

Delivery Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

1. This Organization is (please circle one):
 EDUCATIONALARTS/CULTURE CHARITABLE INSTITUTIONAL

2. Organization Description: _____

3. Event Description: (Name, Date, Time, # of People to Attend, Purpose):

4. Is this event a fund-raiser? YES NO
 Who do the proceeds benefit: _____

5. Have you received a donation from us before?: YES NO

6. When was your last visit to a Bill White Restaurant? _____

7. What is the deadline for receiving the donation item? (4 week minimum):

Please mail or fax this Request for Donation form along with Statement of Purpose(on Organization's letterhead). Attention Donation Request.

** Helpful Hint - Your event should not be dependent on receipt of a donation item, as we cannot guarantee an item for your event until this donation application process has been reviewed, accepted, and possibly approved.*

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