

SAN FRANCISCO WHOLESALE PRODUCE MARKET

DONATION REQUEST FORM

In order for a donation request to be considered, this form must be submitted in hard copy to a manager at the San Francisco Wholesale Produce Market. Please make your request at least 4 weeks in advance of when you need the donation. If you have haven't heard from us one week after submitting please contact clommer@sfproduce.org

ORGANIZATION INFORMATION

Today's Date: _____ Organization Name: _____

Phone Number: _____ Federal Tax ID: _____

Mailing Address: _____

Mission Statement/Purpose: _____

CONTACT INFORMATION

Contact Name: _____

Phone Number: _____

Email Address: _____

DONATION / SPONSORSHIP

Specific request (i.e., type and quantity of produce – *NOTE: we cannot guarantee specific requests*)

Event name, purpose, description:

Number of people attending: _____

Desired donation date: _____ Pick-up time (*Mon. – Fri., 7a – 9a ONLY*): _____

Contact Name & Phone (for pick-up): _____

NOTES

We focus on donations to organizations in our Bayview Hunters Point community.

THANK YOU!

2095 JERROLD AVENUE SAN FRANCISCO CALIFORNIA 94124
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