



# DONATION REQUEST FORM

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Dean's Natural Food Market is proud of our commitment to the local communities we serve and are devoted to promoting wellness and education in our surrounding neighborhoods by supporting local non-profit organizations. We receive a large number of donation requests and unfortunately, we simply can't support every worthwhile cause. We thank you for your interest in a donation and ask that you look over the following criteria before submitting your request.

Your local organization must fall into one of the following categories:

- Health and preventative health care through nutrition
- Hunger relief
- Organic farming / sustainable food
- Environmental preservation and protection
- Community arts and culture
- Education and programs for school-age children
- Organizations to which we have strong community ties

We generally do not award donations to individuals seeking pledges, large national non-profits, political parties or religious organizations.

- The recipient must be a 501(c)(3) non-profit organization and have their 501(c)(3) number.
- Please fill out the official donation request form and apply in person to the store located closest to your organization. Requests made by phone, through the website, or social media outlets will not be considered.
- Please do not contact multiple stores for the same donation.
- Please apply at least four weeks in advance of when you require the donation.
- We we try to honor as many requests as possible, but donations are awarded on a first come, first served basis. Unfortunately, this means that past support of an organization may not not guarantee future support.

**OCEAN**  
1119 Rt. 35  
Ocean, NJ 07712

**SHREWSBURY**  
490 Broad St.  
Shrewsbury, NJ 07702

**BASKING RIDGE**  
25 Mountainview Blvd.  
Basking Ridge, NJ 07920

**CHESTER**  
207 US-206  
Chester, NJ 07930



# DONATION REQUEST FORM

CLOSEST STORE LOCATION (CIRCLE ONE)    OCEAN    SHREWSBURY    BASKING RIDGE    CHESTER

REQUESTING (CIRCLE ONE)    FOOD    GIFT CARD    GIFT BASKET    OTHER: \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_ DESIRED PICK UP DATE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ \*501(c)(3)# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT NAME & TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DESCRIPTION OF EVENT ( OR ATTACH PROPOSAL ) \_\_\_\_\_

\_\_\_\_\_

HOW MANY PEOPLE ARE EXPECTED TO ATTEND? \_\_\_\_\_

HOW WILL DEAN'S BE ACKNOWLEDGED? \_\_\_\_\_

\_\_\_\_\_

*To Be Completed Upon Pick-up*

RECEIVED BY (NAME, PLEASE PRINT)

SIGNATURE

DATE

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