



Product Donation Application Form

This is a product request form only. Receipt of this completed form does not imply any commitment to approve the request or provide any requested product. Organizations considered for charitable donations must be tax-exempt as defined in Section 501(c)(3) of the U.S. Internal Revenue Service Code.

Organization Legal Name: _____

Organization Address: _____

Contact Name and Title: _____

Telephone Number: _____

Fax Number: _____

E-Mail: _____

Web site Address: _____

501(c)3 Tax Exempt I.D. Number: _____

Type of Product Requested: _____

Number of Product Items Requested: _____

Carolina Pad Employee Referral Information

If referred by a Carolina Pad employee, please provide the following:

Employee Full Name: _____

Employee Position (if known): _____

Please describe your relationship with this person? (For example: board member, friend, partner, personal friend, etc.)

Company Overview

Please respond clearly and concisely to the following items in the order they are listed below. Incomplete proposals will not be considered. (Attach additional information if necessary.)

1. Describe your organization's primary mission, a brief history of your organization, and current goals.
2. Please detail how this product donation will be used.
3. What is/are the issue(s) to be addressed by this request?
4. Describe the objectives of this program.
5. What makes your project/program unique?
6. Geographic area to be served.
7. Number of people served by your organization. Indicate who is included in this population (cultural, social, and economic backgrounds).

Authorized Signature

The undersigned, an authorized officer of the organization, does hereby certify that the information set forth in this donation request form is true and correct.

Signature: _____ **Date:** _____

Name: _____

Title: _____

Please send your completed application by mail, fax, or e-mail to:

**Carolina Pad
Charitable Contributions Committee
9144 Arrowpoint Blvd.
Suite 200
Charlotte, NC 28273
donations@carolinapad.com
704-588-1123 (fax)**

For Carolina Pad Use Only

Application Form reviewed by:

Date:

Comments & Recommendation: Approve Decline Hold