



CONTRIBUTION REQUEST

Organization Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Submitted By: _____ Title: _____

Primary Purpose of Organization: _____

Have you contacted any other Agri Beef office for support? Yes No

If yes, list office name, location and contact person: _____

Is the organization a private, non-profit organization? Yes No

Has organization received Internal Revenue Service designation with 501(c)(3) status? Yes No

IRS Tax-exempt number: _____
(please attach a copy of your IRS designation letter)

Description of program/project for with product or donation is requested *(attach additional sheets if needed)*: _____

PLEASE CHECK ONE - Type of request from Agri Beef/ AB Foods:

Monetary _____ Gift Certificate _____ Product _____

If monetary or gift certificate, please state the dollar amount: _____

If product, please check type of product requested from Agri Beef /AB Foods:

	Beef	Pork
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Type of function product requested for: Lunch Dinner BBQ Auction Item Other

If event, number of persons product requested for: _____

Date product/donation requested for arrival: _____

Is this a one-time request? Yes No

If no, indicate anticipated frequency of request: _____

Has an "outside" solicitor been hired for this fund drive? Yes No

If yes, what percent goes to the organization? _____ % To the solicitor? _____ %

Is this drive: Local Statewide Countrywide

Please mail response to: **Agri Beef**
Attn: Product Contribution Committee
1555 Shoreline Dr. Suite 320
Boise, ID 83702