



APPLICATION FOR DONATION/ SPONSORSHIP

Cactus Holdings and Western Beef is committed to supporting our communities. We focus our charitable contributions on organizations that serve and contribute to the local community.

Please allow six weeks for a response. Your organization will be notified of results either by e-mail, mail, or by telephone. We respectfully request that you do not call the office regarding the status of your request.

Please provide all requested information, including attachments. Only complete applications will be considered.

The following documents MUST be attached to all applications:

- ☐ IRS 501(c)(3) nonprofit determination letter for applicant organization
- ☐ A cover letter on the stationery of the nonprofit organization

Organization name [as stated on 501(c)(3)]: _____ Date _____

Address: _____

City _____ State _____ ZIP _____ Contact person: _____

Title: _____ Email: _____ Phone: _____

Fax: _____ Website : _____

Tax ID number: _____ Donation request: _____

Description of nonprofit organization (two-sentence summary of mission/objectives): _____

• All donation requests are strictly confidential, however, Western Beef and it's affiliates reserve the right to publicize any donations that are fulfilled on their behalf. By accepting any donation, you agree to allow your Organization Name, photos, website and/or logo to be included in any press releases or other promotional materials. Please scan and email to : Donations@WESTERNBEEF.COM or mail with appropriate documentation to :

WESTERN BEEF HEADQUARTERS ATT: Donations
4705 Metropolitan Ave Ridgewood, NY 11385

Project/ program/ event name: _____

Brief program description: _____

How does your program or service impact the community? _____

For Office Use Only

Store number: _____ Date approved: _____ If not approved, date notification sent: _____

Specific donation given (please circle): Gift card Merchandise

Number of gift cards: _____ Amount per gift card: \$ _____ Total amount of gift card donation \$ _____

Registered G.C. #: _____

Merchandise description _____ Model # _____ SKU _____ Value: _____

Merchandise description _____ Model # _____ SKU _____ Value: _____

Required Signatures (To be completed when the donation is picked up)

Date donation was made: _____

Name of Organization Representative and Title (Please Print)

Signature of Organization Representative

Name of Approving Officer (Please Print)

Signature of Approving Officer