



# DONATION REQUEST FORM

*All requests must be made at least 30 days prior to date needed*

**Completed forms must be turned into Gateway Pharmacy Sunrise  
3103 Yorktown Dr in Bismarck (next to Williquors in NE Bismarck)**

*Please complete all fields:*

Name of Organization \_\_\_\_\_

Name and Date of Event \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Reason for Donation Request (please be specific) \_\_\_\_\_

Amount of Item Requested: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Tax ID # of Organization \_\_\_\_\_

Type of Organization \_\_\_\_\_

*(please indicate if a 501C-3: not-for-profit)*

Who does this Contribution benefit? \_\_\_\_\_

*For office use only*

*Date received*

*staff member*