

# THEPRINTSHOP

RE: CONTRIBUTION REQUEST

Dear Applicant,

Thank you for thinking of The Print Shop to participate in your event. We sincerely hope we will be able to help you with a contribution.

We receive dozens of requests each year for contributions from every organization you can imagine. As community-minded citizens, we favorably reply to and participate in as many as we possibly can but have limited resources so we must select a portion of the applicants to assist. In order to be fair to everyone and to maintain some organization and documentation within the decision-making process, we must require that everyone complete and return our Contribution Request Form in its entirety (see page two of this document). You may attach any additional literature that you feel might be helpful. In fairness to all applicants and to our customers, we feel applicants should be aware of some of the criteria that helps us make our decision. Contributions are only given to local individuals and organizations that currently do business with The Print Shop. Cash contributions are rarely given, instead we offer substantial discounts on goods and services that The Print Shop offers. Occasionally, we will produce "in kind" work for organizations. Contribution amounts are dependant on spending with The Print Shop over the past twenty four months and the amounts of previous contributions to an individual or organization carry weight as well.

Please return the form to us either by fax, by mail, email, or in person. Our business hours are Monday through Friday 9:00 am to 5:00 pm. Our fax number is 912.355.5381; email to [contributions@theprintshop.net](mailto:contributions@theprintshop.net); or you may mail your request to us at "Contributions" 312 Mall Boulevard, Savannah, Georgia 31406. All requests must be submitted by the first day of the month in which you wish to be considered. All requests for the month will be determined during the first week of every month. We will respond to your request by e-mail.

We wish you great success with your event and sincerely hope that your efforts will make a difference in the lives of the people in your community. Again, please ensure that your contribution is received no later than the first day of the month in which you would need to receive the contribution.

Thank you,



The Print Shop of Savannah, Inc.  
President

CONTRIBUTION FORM - See Page 2

# THE PRINT SHOP

## CONTRIBUTION REQUEST FORM

Today's Date: \_\_\_\_\_

Agency/Organization Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Is there a parent agency?  NO  YES - If yes, name of parent agency: \_\_\_\_\_

Are you a 501c3? (Government certified not-for-profit organization)  NO  YES

Are you currently a regular Print Shop customer?  NO  YES  Not yet - But will be soon.

If YES, what do think your organization purchases from The Print Shop on a monthly basis?

under \$100  \$101-\$1,000  \$1001-\$2,500  \$2,501 +

Describe your agency and what it does for the community: \_\_\_\_\_

\_\_\_\_\_

Describe the program or event for which you are requesting the contribution: \_\_\_\_\_

\_\_\_\_\_

What is the duration of the event? (1 day, 1 evening, 1 week, etc.): \_\_\_\_\_

Who will benefit from this event? \_\_\_\_\_

How will you measure the success of this event? \_\_\_\_\_

\_\_\_\_\_

How will this event be publicized? \_\_\_\_\_

When do you need a decision? \_\_\_\_\_ When do you need the contribution? \_\_\_\_\_

Have we contributed to your organization in the past?  NO  YES

If yes, indicate the date(s) of contribution(s) as well as a description of our contribution: \_\_\_\_\_

\_\_\_\_\_

**NOTE: This form must be completed by the organization in its entirety prior to being accepted for approval consideration. Please ensure this form is received by The Print Shop no later than the first day of the month in which the contribution is to be made.**

**WE WISH YOUR EVENT WELL AND HOPE WE WILL BE ABLE TO PARTICPATE!**

### FOR OFFICE USE ONLY:

Contribution Description: \_\_\_\_\_

Value: \_\_\_\_\_ W/O Number: \_\_\_\_\_ Date Due: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Decision Justification: \_\_\_\_\_

TPS Purchases: Current Year: \_\_\_\_\_ Last Year: \_\_\_\_\_ Previous Year: \_\_\_\_\_

TPS Contributions: Current Year: \_\_\_\_\_ Last Year: \_\_\_\_\_ Previous Year: \_\_\_\_\_