



# Donation Application

Your completed application must be received at least 30 days in advance of your event date in order to be considered. You will receive email confirmation of receipt whether Rising Tide is able to honor your request or not. While we understand your request is important to you, please refrain from calling for follow-up.

*Please thoroughly read Rising Tide's donation guidelines before submitting your application.*

**Rising Tide must receive Donation requests at least 30 days prior to your event.**

**Today's date:** \_\_\_\_\_ **Event date** \_\_\_\_\_

**Organization:** \_\_\_\_\_ Are you a 501 (c)3 Non Profit Yes No  
**501(c)(3) or tax ID #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Type of organization/event:** *Please check the appropriate box*

Health Nutrition Education Environment Other: \_\_\_\_\_

**Description of Event/Program:**

**How many people will be attending this event?** \_\_\_\_\_

**How will Rising Tide Community Market be acknowledged for this donation?**

**Requesting:** *Please check the appropriate box*

Rising Tide gift card Product \_\_\_\_\_

**Does this donation directly benefit the organization listed above?** Yes No

*If no, please provide the necessary information for the beneficiary*

**Are you a Rising Tide Member/Owner?** Yes No **If yes, Rising Tide Owner #:** \_\_\_\_\_

**Please mail or email your application and any relevant information to:**

Rising Tide Community Market

Attn: Donations, 323 Main Street, Damariscotta, ME 04543

Email: [anna.d@risingtide.coop](mailto:anna.d@risingtide.coop) | 207-563-5556

**\*Although we would like to support every worthwhile cause, due to the volume of applications we receive and our limited budget, it is not possible to fulfill every request.**

Updated 9/15/2017

