



Donation Request Form
for Not-for-Profit Organizations

In order to have a completed request for an official review, both pages of this form must be completed and submitted with a copy of the recipient's 501 (c) 3 status at least **30 days prior** to the request's corresponding event. Donations may either be faxed to 303.333.5622, emailed to l.fletcher@hammondscandies.com, or mailed to 'Hammond's Candies, Attn: Donation Requests, 5735 Washington Street, Denver, CO 80216'.

**Please provide a copy of your government 501(c) 3 certificate with this form, if applicable.*

Date of Request: ____/____/2012

GENERAL CONTACT INFORMATION -

Organization Name:
Contact Person:
Phone Number:
Street Address:
City, State, Zip:
Email:
About the Organization:

Have you requested donations from Hammond's Candies in the past? Yes No

SPECIFIC REQUEST INFORMATION -

Name of Event/Giveaway:
Date of Event:
Information about Request:
Expected Number of Attendees:
Marketing Efforts:



Donation-Waiver of Liability Form

Organization Name:

I, (hereinafter referred to as the 'recipient') and all my delegates, hereby acknowledge receipt from Hammond's Candies Since 1920 (hereinafter referred to as 'Hammond's') of the following items described below (hereinafter referred to as 'donation'), as of the date noted below. In no event shall Hammond's be liable for direct, indirect, special, incidental, or consequential damages, whether arising in tort, contract or any other legal theory, in connection with or arising out of receipt of candy and/or other Hammond's brand products. The recipient, as of the date below, shall hereinafter save, hold harmless & indemnify Hammond's against any & all liability, claims, causes of action, and costs of whatsoever kind & nature including, without being limited to, injury, damage, loss including death, resulting from, arising out of, or occurring in connection with the use of the donation by the recipient. The recipient understands the following donation may contain nuts, gluten, dairy, and/or other ingredients that may cause harm to certain individuals when ingested. The recipient voluntarily accepts the above donation in 'As Is' condition and acknowledges that Hammond's disclaims having provided any warranty as to it's condition, or the merchantability for any particular purpose.

Recipient's Name:

Signature:

Date Received:

FOR OUT-OF-STATE DONATION ONLY - CREDIT CARD INFORMATION IS REQUIRED FOR SHIPPING; TYPICAL RATES ARE 12.00

Card Type:

Card Number:

Expiration:

Security Code:

OR - FedEx/UPS ACCOUNT #:

OFFICE USE ONLY -

Items Donated:

Released By: