

HARTZELL'S PHARMACY INC.

Fax 610-264-8774

Donation Request Form

Today's Date: ___/___/_____

Requesting Organization: _____

Contact Person: _____

Phone: (____)_____ - _____

Type of Donation Requested (check one):

Check **Gift Card** **Advertisement**

Product (Specify: _____)

Other (Specify: _____)

Amount: \$_____ **Date Donation Needed By:** ___/___/_____

Type of Organization (check one):

Charitable Organization **Religious Organization**

Non-Profit Organization -

Other (Specify: _____)

(NOTE: Hartzell's Pharmacy will consider all donation requests but will normally only donate to the three listed above.)

Donation will be used for the purpose of (please explain):

**** A representative of Hartzell's will get back to you within seven business days to inform your organization if we are able to assist you with you request. We thank you for giving us the opportunity to help your organization.**