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# Donation Request

Submit by Email

LLdonations@lumberliquidators.com



Donations will not be considered without documentation confirming tax exempt status and an organization mission statement. Lumber Liquidators is authorized to contribute to charities that represent the following general interests: Human Services, Education, Health, Civic, Education, Cultural Arts that are organizations recognized by the US Treasury as tax exempt under 501(c)3 of the Internal Revenue Code. Please provide us with all materials at least 30 days prior to the start of your project for adequate time for review.

Organization \_\_\_\_\_

501 (c) 3 # \_\_\_\_\_

(Please attach certificate and mission statement. Request will not be considered without.)

## Contact

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Organization Address \_\_\_\_\_

Years in Operation \_\_\_\_\_

## Request (Lumber Liquidators has final decision on product donations.)

Choice A (SKU) \_\_\_\_\_ sq.ft. x \$ \_\_\_\_\_ /sq.ft. = \$ \_\_\_\_\_

OR

Choice B (SKU) \_\_\_\_\_ sq.ft. x \$ \_\_\_\_\_ /sq.ft. = \$ \_\_\_\_\_

How will sponsors be recognized? \_\_\_\_\_

Reason for Request: \_\_\_\_\_

In the event \_\_\_\_\_ does not provide Lumber Liquidators with the recognition set forth herein within 90 days of the date of agreement, \_\_\_\_\_ hereby agrees to pay Lumber Liquidators the sum of \_\_\_\_\_, which represents the retail price for the product (including tax.) To that end, upon execution of this agreement, \_\_\_\_\_ will provide Lumber Liquidators with a valid credit card number and related information and \_\_\_\_\_ specifically authorizes Lumber Liquidators to charge the sum of \_\_\_\_\_ against the provided credit card account.

<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> Other _____
CC # _____	Name on Card _____		
Exp. Date _____	3-Digit Security Code _____		

Authorized Signature

FOR OFFICE USE ONLY: Date Received \_\_\_\_\_

Choice A: Cost \$ \_\_\_\_\_ X \_\_\_\_\_ sq.ft.= \_\_\_\_\_

OR

Choice B: Cost \$ \_\_\_\_\_ X \_\_\_\_\_ sq.ft.= \_\_\_\_\_

Approved:  Full Amount  Retail Discount \_\_\_\_\_%  Cost **Declined:**  Not Eligible  Budget

Notification \_\_\_\_\_ (Attach Copy)

Confirmation of Receipt \_\_\_\_\_ (Attach Copy - Copy to Finance)

Reviewed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Proof of Recognition Received  \_\_\_\_\_ Type \_\_\_\_\_