



Application for Nonprofit Food Recipient

Date of Request _____

Name of Organization _____

Address _____

City _____ Zip _____

Contact Person _____ Title _____

Phone _____ E-Mail _____

Name of Agency Director/Manager _____ Phone _____

Type and Description of Organization _____

501 (c) (3) tax-exempt Fed Tax ID Number _____

PLEASE INCLUDE A COPY OF YOUR 501 (C)(3)

Year Established _____ Residential _____ Non-Residential _____

Other Sources of Food Donations _____

What percent of your donated food supply do you anticipate Saving Grace will provide?

_____ 1-25% _____ 26-50% _____ 51-75% _____ 76-100%

Please email completed form to info@savinggracefoodrescue.org