



Charitable Giving Program Request Form

The Newfoundland Chocolate Company is pleased to offer a Charitable Giving Program. This program is available to registered charities and public organizations to purchase our delicious artisan crafted chocolate at 50% of the current retail value, for fundraising purposes. The remaining costs will be covered by the Newfoundland Chocolate Company. All Donation requests will be reviewed by the Donations Team however due to the high number of requests received we cannot guarantee approval of all donation requests.

The following guidelines apply:

- The product must be used for a fundraising event with proceeds going directly to the charity.
- We require a minimum of 30 day's notice to fill an order.
- Donations may only be collected after the request has been approved and a notification has been sent.
- Donations are to be collected by the name on the application.
- Donations may be collected at any of our Retail locations, unfortunately we do not allow shipping as payment and a signature is required at the time of purchase.
- The Newfoundland Chocolate Company reserves the right to decline any request made for a donation.

Please complete the information below in section A and return to our Donations Team by email to reception@newfoundlandchocolatecompany.com along with a written request on your charity's letterhead.

Part A) To be filled out by organization

Request Date: _____ Name of Organization: _____

Contact Name: _____ Phone: _____ Email: _____

Mailing Address: _____ Name and Date of Event: _____

Please indicate product and price in which you are interested: _____

Ensure Headed Letter is Attached: _____

**Torbay Road Mall, 141 Torbay Road
St. John's, NL A1A 2H1
T709-579-0099; F709-579-6304**

Part B) To be filled out by Newfoundland Chocolate Company

Product Approved : _____ Donation Type: 50/50 Sponsorship Other

Approved by: _____ Approval Signature: _____

Date: _____ Organization Notified on: _____

Part C) To be completed at pick up by retail staff

Product Selected:

_____ Value: _____

Date of Collection: _____

Name of Recipient (Please Print): _____

Signature of Recipient: _____

Retail Clerk's Signature (Please Print): _____

**Torbay Road Mall, 141 Torbay Road
St. John's, NL A1A 2H1
T709-579-0099; F709-579-6304**