



PLEASE FAX THIS FORM TO 713.662.7726 OR EMAIL INFO@RICEEPICUREAN.COM

3 WEEKS LEAD TIME REQUIRED ON ALL DONATION REQUEST

Name of Organization? _____

Event Date _____

What are the aims and objectives of your organization?

Who is your target audience?

Who are your other funding partners (if applicable)

What is the approximate number of people attending your event? _____

What type item(s) are being requested? _____

How many adults do you expect to attend? _____

How many children do you expect to attend? _____

How will Rice Epicurean be recognized for our participation?

Will we be listed on your Web site? _____

Can we put up a banner? _____

How will we get the banner to you and how will it be returned? _____

Will we be listed in a brochure, t-shirts, etc.. ? _____

Are we the exclusive Grocery Store? _____

How do we get our artwork to you? What format do you need it in? _____

Which store location would you pick up from? _____

What date do you need the product, merchandise? _____

What time do you need the product? _____

Contacts name _____

Contacts email address _____

Contacts Experience Card number 4-1111 ____ - ____ ____ ____ ____ ____

Contacts phone and fax number _____