



# APPLICATION FOR DONATION/ SPONSORSHIP

Castellana Foundation, Cactus Holdings and Western Beef is committed to supporting our communities. We focus our charitable contributions on organizations that serve and contribute to the local community.

Please allow six weeks for a response. Your organization will be notified of results either by e-mail, mail, or by telephone. We respectfully request that you do not call the office regarding the status of your request.

**Please provide all requested information, including attachments. Only complete applications will be considered.**

The following documents MUST be attached to all applications:

- IRS 501(c)(3) nonprofit determination letter for applicant organization
- A cover letter on the stationery of the nonprofit organization

Organization name [as stated on 501(c)(3)]: \_\_\_\_\_ Date \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Contact person: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Website : \_\_\_\_\_  
 Tax ID number: \_\_\_\_\_ Donation request: \_\_\_\_\_

Description of nonprofit organization (two-sentence summary of mission/objectives): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- All donation requests are strictly confidential, however, Castellana Foundation, Western Beef and it's affiliates reserve the right to publicize any donations that are fulfilled on their behalf. By accepting any donation, you agree to allow your Organization Name, photos, website and/or logo to be included in any press releases or other promotional materials. Please scan and email to : Donations@WESTERNBEEF.COM or mail with appropriate documentation to :

**WESTERN BEEF HEADQUARTERS ATT: Donations**  
**4705 Metropolitan Ave Ridgewood, NY 11385**

Project/ program/ event name: \_\_\_\_\_  
 Brief program description: \_\_\_\_\_  
 \_\_\_\_\_  
 How does your program or service impact the community? \_\_\_\_\_  
 \_\_\_\_\_

**For Office Use Only**

Store number: \_\_\_\_\_ Date approved: \_\_\_\_\_ If not approved, date notification sent: \_\_\_\_\_

Specific donation given (please circle):    Gift card    Merchandise

Number of gift cards: \_\_\_\_\_ Amount per gift card: \$ \_\_\_\_\_ Total amount of gift card donation \$ \_\_\_\_\_

Registered G.C. #: \_\_\_\_\_

Merchandise description \_\_\_\_\_ Model # \_\_\_\_\_ SKU \_\_\_\_\_ Value: \_\_\_\_\_

Merchandise description \_\_\_\_\_ Model # \_\_\_\_\_ SKU \_\_\_\_\_ Value: \_\_\_\_\_

**Required Signatures** (To be completed when the donation is picked up)

Date donation was made: \_\_\_\_\_

\_\_\_\_\_  
Name of Organization Representative and Title (Please Print)

\_\_\_\_\_  
Signature of Organization Representative

\_\_\_\_\_  
Name of Approving Officer (Please Print)

\_\_\_\_\_  
Signature of Approving Officer