

Stash Tea Community Giving Program Application Form

Name of Organization: _____

Date of Application: _____ Date of Event: _____

Federal Tax Identification Number: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____

Fax: _____

Organization Web Address: _____

Primary Contact: _____ Title: _____ Email: _____

Telephone: _____ Fax: _____

Please list any Stash Tea employees involved in your organization:

Please provide a brief overview of your organization and its mission:

Briefly describe the nature of your request (i.e., auction gift, tea for serving, etc.)

Does your request address at least one of Stash Tea's focus areas? Please check.

Health _____ Youth _____ The Arts _____ The Environment _____

Signature of Applicant

Date

If you have questions about the Stash Tea Community Giving Program or its procedures, please call Jan Acker at 503.684.4482.