



Donation Request Application

Thank you for inviting Shelbyville Pharmacy to partner with your organization! The staff of Shelbyville Pharmacy understands that local, small businesses have the responsibility of supporting the positive things happening in our community. *We want to hear about the good things that our patients are doing in Shelbyville and around the world, and we want to support as many of these activities as possible.*

Please fill out this donation request application so we can learn more about your organization and special event or project to determine if we are able to help. Donation requests should be submitted at least *two weeks before* you need the donation. We will contact you with a donation decision within one week; if you have not heard from us in that time feel free to make a follow-up visit or call.

Today's Date: _____ Event Date(s): _____

Group/Organization Applying: _____

Website: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Contact Email: _____ Contact Phone: _____

Event Information/Project Summary: *Please include details about your event, project, or other specific need, including how the donation(s) will be used. Attach additional page if needed.*

Please sign below to indicate that donated materials or financial support will be used in the manner originally intended in this application. If the original intent cannot be followed, all donated materials must be returned to Shelbyville Pharmacy.

Signature: _____ Date: _____

182 Frankfort Road Shelbyville, KY 40065 • (502)-437-3008 • Hours Mon-Fri 9-7, Sat 9-2

www.shelbyvillepharmacy.com