



EST 1971

FAMILY FRUIT FARM

2019-20 DONATIONS REQUEST FORM

Name of Event: _____ Coordinating Group: _____

Address: _____

Contact Name: _____ Phone: _____ Fax: _____

Email: _____ Website: _____

Location of Event: _____ Event Date: _____ # of participants(est.): _____

Event Description: _____

Product Request:

Approved donations of Apples/Cider/Chips are made on a **1:1 matching basis**. Donations to be picked up at Martin's Orchard Market (open 8-6pm weekdays and 8-4pm on Saturdays).

**We reserve the right to substitute comparable apple product of equal value.*

- Apples Total box(es) required: _____ (approx. 125 apples per case, value \$40)
- Apple Cider Total case(s) required: _____ (6x3 Litre case, value \$34.50)
- Apple Chips Total box(es) required: _____ (Box of 35x22g, value \$35)
- Gift Basket Requested Value: _____ (max value \$40)
- Other Please Specify: _____

Date of Pick-up _____ Person making pick up (if different than contact above) _____

**Martin's appreciate 5 business days' notice for product requests*

Recognition:

- Website Signage Display Verbal Media Social Media Publicity Materials

Growing for healthy communities!

For office use only

Approved by:	Charge:	Donate:	Proof of Pick up:

Martin's Family Fruit Farm

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