



## LIQUID CARES REQUEST FORM

All requests will be reviewed for consideration the 2<sup>nd</sup> Wednesday of the month. Correspondence will be sent to the email provided following that date.

Organization Name \_\_\_\_\_

501(c) # (if applicable) \_\_\_\_\_ or Tax ID# \_\_\_\_\_

Address where contribution should be sent: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

What date is contribution needed by? \_\_\_\_\_

Purpose or how contribution will be utilized: \_\_\_\_\_

Has the organization received a contribution from AgroLiquid in the past? \_\_\_\_\_

**Which of AgroLiquid's areas of focus does your request apply** (*refer to the website for detailed descriptions*):

Community Enhancement

Education

Matching Program

Environmental Stewardship

**Type of Donation & Amount Requested:**

Sponsorship    Cash    Product

Value: \$ \_\_\_\_\_

Other (Please specify) \_\_\_\_\_

*AgroLiquid/Liquid Cares reserves the right to decline consideration of any request for any reason.*

### **Company use only**

Date: \_\_\_\_\_ Approved/Denied: \_\_\_\_\_ Amount/Value: \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Referring employee (if applicable): \_\_\_\_\_

BU/Obj: \_\_\_\_\_