

Scholze ACE Home Center's Donation Request Form

Scholze Ace Home Center is grateful to be part of the Black River Falls and Jackson County Community. We strive to be a good neighbor and give back to our community when possible.

For many years we have focused our donation efforts toward helping the children of our community through our local schools and Children's Miracle Network. We also support those involved in serving our community such as the Fire Departments, Police, Dive Unit, and others. We remain neutral within the work place in the matter of politics and religion therefore we do not contribute to political parties, candidates, or churches. We recognize there are many causes worthy of support and many good people working toward making a difference. We receive many donation requests every week. Unfortunately, we can only fund a portion of the requests submitted.

Scholze Ace Home Center will try and respond to your contribution request if we can identify with the effort or the cause. We try not to base our decision upon whether our own self interest will be helped or not by responding. We will ask these questions:

- A. Is your organization or event clearly nonprofit or charitable?
- B. Is your request coming from an organization that will improve the health, educational, cultural, or civic vitality of the community?
- C. Is your request for the benefit of those within our community?
- D. Does contributing to your request touch on our prioritized areas of concern?

Thank you for filling out this form. It helps greatly with our decision making and record keeping. Once submitted your request will be reviewed by our Donation Eligibility Committee for consideration. We strive to acknowledge your request within 5 business days of receiving this form although the review process may take up to two weeks. We will contact you with our decision, preferably by e-mail.

Your Name: _____ Today's date: _____

Your Address: _____

Your Phone: _____ Contact E-mail: _____

About Your Organization

The Organization seeking the donation: _____

Is it a non profit organization? yes no

(Please submit a copy of their tax exempt certificate)

Have you received a donation from Scholze Ace Home Center in the past? yes no

About the Donation

The name and type of event at which the donation will be used: _____

The event's goal: _____

What will the donation be used for? auction item door prize

Other: _____

Type of donation requested: gift card merchandise donors choice

Other: _____

Logistic Basics

All donations approved may be picked up at the service counter located in the rear of the store.

Date needed: _____

Who will pick it up? _____

Person's contact phone: _____

E-mail to donation@scholzeace.com (this is our preferred manner of communication)

Or Drop this completed form at the service counter located in the rear of the store.

Or Mail it to Scholze Ace Home Center, P.O. Box 532, Black River Falls, WI 54615.

Or Fax it to 715-284-4996, attention: Donation Eligibility Committee.

For Scholze Ace Home Center Use Only:

Date rec'd: _____ Approved _____ Declined _____ Decision by: _____

Date of reply: _____ Donation item: _____

Donation _____ Promotional _____