



Request for Donation or Advertisement

Please note: The proceeds for this request must benefit a charitable cause.

Organization requesting donation _____ Phone # _____

Address _____ State _____ Zip _____

Specific Nature of Request _____

Event date(s) _____

Purpose of merchandise donation (if applicable) _____

If request is for advertising: cost of ad \$ _____ Due Date _____

Has Bedard contributed to this organization this year? Yes No Not Sure

Has bedard ever contributed to this organization? Yes No Not Sure

Is this for a for-profit organization? Yes No If not, how are profits used? _____

President/Head of Organization _____ Phone # _____

Address _____ State _____ Zip _____

Your name _____ Phone # _____

Address _____ State _____ Zip _____

Have you ever been a Bedard customer? Yes No If not, who or what prompted this request? _____

Are you seeking donations from other pharmacies/medical supply companies? Yes No

Additional Comments/information about this request _____

To assure fair processing, this request must be completed and returned seven days prior to the date it is needed.

Send completed form to:

Bedard
Attn: Annette Nadeau
359 Minot Avenue
Auburn, ME 04210

FOR OFFICE USE ONLY

Date Received _____

Checked By _____

OK'd by _____

Reason, if not OK'd _____

Category/Cost _____