



Donation Request Form

Please complete the following information regarding your donation request.

Name of Organization: _____

Contact Person: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Purpose of Organization: _____

Date & Description of Program for which you are requesting a contribution:

Donation Request: _____

Are You a Non-Profit Organization? Yes No

Send this completed form along with a copy of proof of your Internal Revenue Service (IRS) designation as a 501 (c)(3) non-profit organization to the email below or to this mailing address:

Nordic Ware Community Giving
5005 County Road 25
Minneapolis, MN 55416-2274

Questions may be directed to communitygiving@nordicware.com
Donation requests will be reviewed quarterly.