



BEDARD PHARMACY

A Division of Bedard Health Care Group



Request for Donation or Advertisement

Please note:

The proceeds for this request must benefit a charitable cause.

Organization requesting donation _____ Phone # _____

Address _____ State _____ Zip Code _____

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

President or head of the organization _____ Phone # _____

Address _____ State _____ Zip Code _____

Your name _____ Phone # _____

Address _____ State _____ Zip Code _____

Have you ever been a Bedard customer? Yes No

If not, who or what prompted this request? _____

Are you seeking donations from other pharmacies? Yes No

Additional comments or information about this request _____

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

Send completed form to:

Bedard Pharmacy
61 College Street
Lewiston, ME 04240

FOR OFFICE USE ONLY

Date received
Checked by
OK'd by
Reason, if not OK'd
Category and cost