



Community Investment Program Application

PLEASE USE FORM FOR ALL STORE COMMUNITY GCs, CLASSROOM CHAMPIONS GCs & PROMO DONATIONS \$200 OR LESS

ORGANIZATIONAL INFORMATION

Organization/Group Name:

Is your org. a valid 501 (c)3 non-profit? Yes No Federal Tax ID Number:

Contact Name: Contact Title:

Organization Address:

City: State: Zip:

Phone: Email:

Please describe the purpose of your organization and its primary beneficiaries:

PROGRAM/EVENT INFORMATION

Program/Event Name:

Program/Event Date and Time:

How many participants are expected?

What cities or counties will be served?

Describe the Program/Event:

REQUEST INFORMATION

What would you like Central Market to donate? (Please be as specific as possible)

Has H-E-B or Central Market already contributed to *this specific event/program*? Yes No

If yes, which store/department?

Has H-E-B or Central Market donated to *your organization* in the past? Yes No

If yes, provide the dates and amounts:

How will Central Market's contribution be recognized?

APPLICATION REVIEW (FOR STORE USE ONLY): APPROVED DECLINED

If Approved: Product Amt: Gift Cards (Public Affairs) Amt: Credit Card (Ad/Promo)

Total Amt Approved: Pick Up Date:

Top Store Leader: Date Approved:

Cash Controller: Date Activated: