

**Dennis Public Market**

653 Main Street Route 6A
Dennis, MA 02638
P: (508) 385-3215
F: (508) 385-3280

Mailing Address

P.O. Box 1033
Dennis, MA 02638

Dear Valued Community Member,

Dennis Public Market is proud to support local groups and non-profit organizations with in-kind product donations and other means of promotional support. If your group is interested in having Dennis Public Market as a donation partner, we ask that you review the information below before submitting a request.

WHO WE DONATE TO

In order to best serve our community, we chose to partner with only local groups and non-profit organization based in the Mid-Cape area and its surrounding towns. We believe that our resources and support will make a larger impact on this smaller, local scale.

We do not donate to individuals seeing pledges, to large national non-profit organizations or to political parties.

HOW TO SUBMIT A REQUEST

- 1.) Complete the Donation Request Form
- 2.) Submit the Donation Request Form at least 30 days prior to your scheduled event and deliver it in person to our store or via email at - management@dennispublicmarket.com.
- 3.) Your request will be reviewed by our management team and donations will be given if your request is approved.

NOTE: All donation requests must be received at least 30 days prior to your event. Requests made by phone, general email inquires, mail or through any web based social media will not be considered.

QUESTIONS?

Please email all questions to: management@dennispublicmarket.com



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DONATION REQUEST FORM

In order for a donation request to be considered, this form must be submitted in person or via email to management@dennispublicmarket.com. Please make your request at least thirty (30) days in advance of when you need the donation.

ORGANIZATION INFORMATION

ORGANIZATION NAME: _____ TODAY'S DATE: _____
PHONE NUMBER: _____ DONATION/EVENT DATE: _____
ORGANIZATION/EVENT WEBSITE: _____ FEDERAL TAX ID #: _____
MAILING ADDRESS: _____
MISSION STATEMENT: _____

CONTACT INFORMATION

CONTACT NAME: _____ PHONE NUMBER: _____
EMAIL ADDRESS: _____

DONATION/SPONSORSHIP REQUEST

PLEASE DESCRIBE YOUR REQUEST: _____

PLEASE DESCRIBE ANY DONATION/SPONSORSHIP BENEFITS: _____

OTHER COMMITTED DONORS/SPONSORS: _____

NUMBER OF PEOPLE ATTENDING YOUR EVENT: _____
ADDITIONAL INFO: _____

Thank you !