



**SUNSWEET GROWERS INC.**

901 N. Walton Ave  
Yuba City, CA 95993

(530) 674-5010 Phone

(530) 751-5238 Fax

sunsweet@staffcom.com

*Sunsweet Growers Inc.  
Charitable Contribution Guidelines*

Thank you for your inquiry regarding the Sunsweet Growers' Charitable Contribution program. As Sunsweet receives many daily requests for donations and due to its limited resources/budget, a restricted number are approved by the Charitable Contribution Committee. A meeting is usually held at the end of each month.

To request a donation, please adhere to the following guidelines:

- Sunsweet **does not** make cash donations, as its policy is to primarily donate product samples or gift baskets.
- A Contribution Request Form **must** be completed for a donation to be considered.
- **Download** the **form** at [www.Sunsweet.com](http://www.Sunsweet.com), scroll to bottom of web page, click on Contact Us, then on Charitable Contribution Guidelines, Complete form and Fax.
- Please allow at **least 30 days** prior to your event when submitting a contribution form.
- Please send the Contribution Request Form via fax, e-mail or mail to:
  - **FAX (530) 751-5238**
  - **sunsweet@staffcom.com**
  - **Sunsweet Growers Inc.  
Charitable Contributions Program  
901 North Walton Avenue  
Yuba City, California 95993**
- Verbal requests and walk-ins will not be considered.
- **Please do not call** to check on the status of the request.
- Following the monthly meeting, you will be sent a written notice regarding the status of your request.
- If your request is approved by the Committee, an acknowledgment letter to the above address referencing the product received would be greatly appreciated. Also, please specify if a benefit/service with fair-market value (if any) is provided to Sunsweet for its donation.

*Thanks again!*



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Charitable Contribution Program**

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*Charitable Contribution Form*

Name of Organization:

Address of Organization:

Tax status & EIN  
of Organization:

Contact Name:

E-Mail Address/Phone #:

Explain/describe event  
for which donation is  
requested (additional information  
may be attached):

Date of Event:

Donation Requested:  
Amount of Product  
Requested:

How will your organization  
distribute/use the product  
requested?

If Sunsweet will receive  
a good/service in return for  
the donation, please  
describe:

Affiliation with Sunsweet:  
(Please explain)

Is your organization  
willing to pay for  
applicable shipping costs?  Yes?  
 No?

**All of the above fields must be completed. Thank you!**