

Fareway Stores, Inc. Request Form

Location #:

Phone:

Address:



Instructions: *Please answer the questions below. Return the completed form to the Fareway store listed above.*

Name and brief description of organization/group:

Request:

Purpose of request (attach separate sheet if needed):

Date of request:

Date needed:

Contact information:

Person:

Address:

Phone(s):

Email:

In return, Fareway will receive the following advertising (MUST MARK ONE):

Newspaper

Event poster

Press release

Flyer

Word of mouth

Other:

Is a copy of Fareway's logo needed for publication/printing? Yes No

If yes, what format (electronic, jpeg, hardcopy, etc.)?

This section is for Fareway use only:

Approved _____ Denied _____

Amount _____

Grocery Manager Signature _____ Date _____

Market Manager Signature _____ Date _____