

Roaring Spring Water Donation/Special Pricing Application

Date of Application: Date of Event:		
Are you currently a customer of Are you a non-profit organization		N
Name of Organization: Address: City, State, Zip: Contact Person: Telephone: Best time to call: Email Address: Name of Event: Location of Event: Number of People Expected:		
Have we donated to your organize What Product are you requesting Will other beverages be provided Will water be given away or reso	g?d during this special event?	Y or N
Would you like to receive specia	I pricing if donation is not poss	sible? Y or N
Is there any advertising available	e to recognize Roaring Spring	Water's donation? Y or N
Please explain advertising oppor	rtunities:	

PLEASE ATTACH INFORMATION ON YOUR SPECIAL EVENT IF AVAILABLE.

- ** ALL APPLICATIONS MUST BE RECEIVED <u>NO LATER THAN 2 WEEKS</u>
 BEFORE DATE OF SPECIAL EVENT.
- ** ALL APPROVED DONATIONS <u>MUST BE PICKED UP</u> AT OUR RETAIL OUTLET LOCATION (510 Spring Street, Roaring Spring PA)
 Hours: Monday through Thursday 9am 5pm. This includes Route Delivery customers.
- ** REFUNDABLE DEPOSITS WILL BE CHARGED ON ANY RETURNABLE ITEMS SUCH AS 5 GALLON BOTTLES/CRATES. DEPOSIT AMOUNT WILL BE DUE ON ANY BOTTLE/CRATES NOT RETURNED TO ROARING SPRING WATER.
- ** ANY ADVERTISING MUST BE APPROVED BY ROARING SPRING BEFORE PRINTING.
- ** ROARING SPRING REQUESTS THAT AFTER THE EVENT YOU SUBMIT 2 OR 3 DIGITAL PICTURES SHOWING HOW ROARING SPRING PRODUCTS WERE USED AT YOUR EVENT. PLEASE EMAIL THE PICTURES IN .jpeg FORMAT TO WATER@ROARINGSPRING.COM. THESE PHOTOS MAY BE USED ON OUR FACEBOOK PAGE TO PROMOTE YOUR SPECIAL EVENT AND OUR PRODUCTS.

PLEASE SEND COMPLETED APPLICATION TO: ROARING SPRING WATER

DONATION REQUEST 740 SPANG STREET

PO BOX 97

ROARING SPRING PA 16673 ATTN: Donation Committee

OR FAX APPLICATION TO: (814) 224-5038

For Office Use Only:		
Date Received: Approved: Special Pricing:	Rejected:	
Where Photo's Receive	ed from previous donation(s)?	