

Thank you for contacting People's Drug Store. As proud supporters of our community, we are happy to help non-profit organizations in their efforts. In an effort to assist with your request, please complete this questionnaire and return it to:

People's Drug Store | 7869 Main Street | Houma, LA 70360

A tradition of caring for the community.

Donation Req	uest Questionnaire:				
Organization: _					
Address:					
	r:				
Contact Name:	·				
Contact Email:					
Is your organization a registered non-profit organization:				Local or national?	
Federal ID#:					
What type of re	ecognition will your contrib	outors receive?	(Please circle all th	at apply.)	
Program	Print Advertisements	Signage	Social Media	Other:	
Please explain	how recognition will be g	iven in the circl	ed areas above:		
Who will benefi	it from the donation?				
What type of do	onation are you interested	d in? (Please ci	rcle.)		
Gift Certificate	Auction Item	Monetary			

If we are able to assist your organization, we will contact you as soon as possible. Thank you!