



Box 195
Fountainville, PA 18923
215-345-6069
215-345-5561
www.eaglespeak.com

Eagles Peak Spring Water, Inc. Charitable Gifts and Donation Application

Eagles Peak Spring Water desires to gift:
Organizations in areas where we conduct business
Organizations of special interest to our employees and their family members

Date: _____ Organization: _____

Event Date: _____

Mailing Address:

Street _____

City _____ County _____

State _____ Zip Code _____

Name of person submitting application: _____

Contact Person: _____ Title: _____

Phone: _____ Email Address: _____

Web Address: _____ Federal Tax ID # ____ - _____

If your organization would like to be considered for a gift, please submit the following on your organizations letterhead:

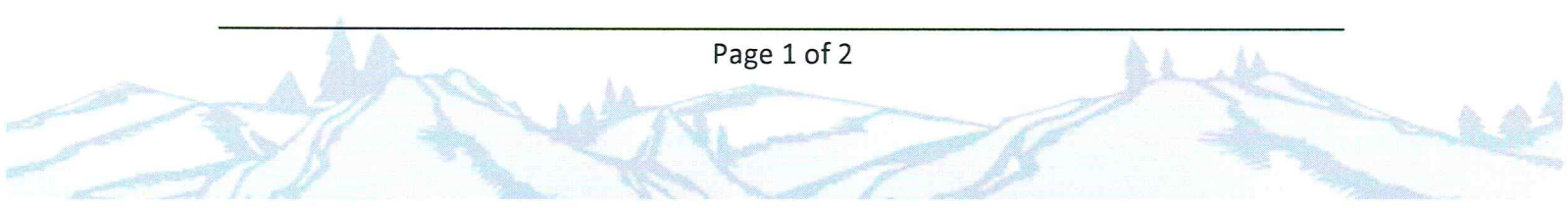
Donation or Amount Requested: _____

Brief Description of Need or use of Gift: _____

What is the Mission Statement/purpose of your organization? _____

Description of how the gift supports our guidelines of being a good community citizen in the communities where Eagles Peak Spring Water conducts business. _____

List metrics and/or targets for measuring the success of the gift. _____





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Is your organization or someone affiliated with your organization a current customer?

Yes _____ No _____

Does your organization have volunteer opportunities for Eagles Peak employees?

Yes _____ No _____

(Please print and complete Application in full)

All requests received by Eagles Peak Spring Water, Inc are reviewed by the Charitable Gifts Committee. The Charitable Gifts Committee meets quarterly to review requests.

All requests must be received the quarter prior to your event.

Please mail requests to P.O. Box 195, Fountainville, PA 18923

Or email to info@eaglespeak.com

