

DONATION REQUEST APPLICATION



All donations are made at the sole discretion of Thermocopy, and the nature of your mission will be considered. Donated equipment can only be used in a commercial workspace, and is not available to a residential installation. If your organization is selected, you will receive equipment free-of-charge, including free delivery, installation and training. The only requirement is that you obtain a Service Agreement which covers the costs for toner, service, maintenance and labor. Equipment and accessories (such as scanning and faxing) are subject to availability. A Thermocopy representative will contact you regarding the status of your application. We would like to respond favorably to all requests, however the needs are far greater than our allocated resources. Therefore, it is not possible for us to accommodate all requests. ***Please complete this application and return it to your Thermocopy Representative or info@thermocopy.com to begin the review process.***

ONLY NON-PROFIT ORGANIZATIONS ARE ELIGIBLE FOR DONATIONS

Organization Name:		Date:
Contact Name:		Phone:
Street Address:		
City:	State:	Zip:
<input type="checkbox"/> Proof of 501(c)(3) Status Attached	Other ID or License Number:	
<input type="checkbox"/> IRS 990 Forms Attached — 2 previous years		
DONATION TYPE REQUESTED <input type="checkbox"/> Equipment Donation <input type="checkbox"/> Monetary/Other Donation:		

Describe your organization's mission:

FILL OUT THE SECTION BELOW IF AN EQUIPMENT DONATION IS REQUESTED

Date Equipment is Needed :	Department Requesting Equipment:
<i>Please check any of the following components/features that are important to your document workflow:</i>	
<input type="checkbox"/> Networked Printing <input type="checkbox"/> Document Feeder <input type="checkbox"/> Fax Capabilities <input type="checkbox"/> Booklet Making <input type="checkbox"/> Auto-Stapling	
Estimated Copy/Print Volume Per Month: <input type="checkbox"/> under 500 <input type="checkbox"/> 500-1000 <input type="checkbox"/> 1000-3000 <input type="checkbox"/> 3000-5000 <input type="checkbox"/> over 5000	

FOR INTERNAL THERMOCOPY PROCESSING ONLY BELOW THIS LINE

Signature:	Date:
Printed Name/Title:	
Approved Equipment Details:	

IRS 990 FORMS (2 YEARS) AND PROOF OF 501(C)(3) STATUS ATTACHED.

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