



GOODWILL DONATION DRIVE

ORGANIZATION INFO & AGREEMENT FORM

Organization Name: _____

Group Name: _____

Faculty/Staff Supervisor: _____

Primary Drive Contact Name (if different than above): _____

Phone: _____ Email: _____

FUNDRAISING PLAN

Raising Funds for: _____ Fundraising Goal: _____

Plans to promote this event to ensure success:

- 1.
- 2.
- 3.

EVENT INFO

Address of Event:

Please provide 2 preferred dates with required W-9 (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>) and we will get back to the primary contact on availability.

Event Date, 1st choice: _____ Start Time: _____ End Time: _____

Event Date, 2nd choice: _____ Start Time: _____ End Time: _____

Instructions for Goodwill truck parking:

Please return this completed form (both sides) and a copy of the W-9 to donate2us@goodwillwa.org at least 4 weeks in advance of your event.

If you have questions please call 800.584.7996 or email donate2us@goodwillwa.org

GOODWILL DONATION DRIVE AGREEMENT

Organization Name: _____

Group Name: _____

1. Compensation for filled trucks in based on the following: **Initial** _____

1 Full Truck = \$500

$\frac{3}{4}$ Full Truck = \$375

$\frac{1}{2}$ Full Truck = \$250

$\frac{1}{4}$ Full Truck = \$125

Initial _____

2. Only items that are listed on the acceptable donations list that are deemed saleable by the Goodwill attendant will be placed in the truck and considered when determining compensation. Items must be bagged/boxed for easy pickup. NOTE: No large furniture items accepted. Small furniture okay, for example an end table or chair.

Initial _____

3. An adult representative from the organization will be in attendance at the drive for the duration of the events. If no representative is present, Goodwill may end the drive at that time.

Initial _____

4. The organization will receive a check for the amount earned within 30 days of the event and the check will be payable to:

(Name that appears on W-9)

Initial _____

6. A minimum of $\frac{1}{4}$ truck must be filled to be eligible for future Goodwill fundraisers.

By signing this agreement, I understand and agree to the terms listed above:

(Signed by Authorized W-9 Signer)

Signature: _____ Date: _____

(Authorized W-9 Signer (Print Name): _____

Title: _____ Phone: _____

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