



OPERATOR OF THESE FINE PHARMACIES



CHARITABLE SUPPORT REQUEST FORM

Name of organization: _____ For Profit Not For Profit

Requesting support for which event/activity? _____

Location to be held: _____ Date of event: _____

Description of event/activity: _____

Funding/donation requested: _____

Does your organization participate in our 3% Community Charity Program? Yes No

Name of representative making request: _____

Your position with the organization: _____

Are you a customer of ours? Yes No Which location? _____

Date request submitted: _____

Your contact information (phone/email): _____

Please return completed form to any of our pharmacies or to the Pierce Pharmacy Management corporate office at 106B Rock Quarry Road, Stockbridge, Georgia 30281. Forms can also be faxed to 770-692-8244 ATTN: Leslie Hudgins or emailed to leslie@piercerx.com.