Request for Support Form

Program Information (please print or type)

Date	
Name of Individual	
Lance employee	Circle one (Yes) (No)
Name of Organization	
Is the organization a 501c3 (non-profit)	Circle one (Yes) (No)
If yes, please supply Tax ID #	
Description of Program	
Focus area of the program	Circle one (Hunger) (Education) (Health) (Other)
Program Benefit	
Request from Lance ** Product donations are not to be resold without prior consent of Lance*	Circle all that apply: (Monetary) (Product Donations*) (Volunteers)
Detailed information on your request ***(If you need to supply additional information please send it to the address below)***	
Number of event attendees (if applicable)	
Age group of attendees	( ) 1-12 ( ) 13-17 ( ) 18 and up
Date of the event*	*To allow for processing, time requests must be made 3 weeks in advance of the event
Organization address	
City, State, Zip	
Telephone	
Fax	
E-Mail	
Shipping address (if different than billing) City, St. Zip, Telephone	

Email: communityrelations@lance.com
Fax: 704-556-5608
Mail: Lance, Inc.
Attention: Community Relations
Harris Building

13024 Ballantyne Corporate Place, 9th Floor
Charlotte, North Carolina 28277

For Lance office use only: