

# MISSION

To be South Dakota's most trusted retailerbuilding the communities we servedelivering UNMATCHED SERVICE, QUALITY, & FRESHNESS



### **Contact Information**

Name:

**Phone Number:** 

**Email Address:** 

## **Donation Information**

Recipient:

**Request Details:** 

Date Needed:



#### CHILDREN

Education, safety, and healthy programs for our youth (Schools, Educational Clubs, and Youth Programs Supporting Healthy Lifestyles).



#### **KITCHENS**

fighting food insecurity within our communities (Food Pantries and Programs to help those without food).



### **CARE GIVERS**

Building up those who care for our community (Teachers, First Responders, Medical Staff, and Veterans).

# **Donation Request:**

(Provide a detailed explanation of how the donation will contribute to achieving a specific goal or outcome for the recipient or organization)

# **STORE USE ONLY**

**Donation Completion (STORE USE)** 

Approved By:

**Fulfilled Donation By:** 

Date Needed:

**Donations Method:** 

**Donation Approved Items:** 

Date Picked Up: