

Date of application:	

Store-Based Donation Request Form Ross Stores, Inc.

Contact Information	
Name of Organization	Website Address
Address/City/State/Zip	Phone
Name of Contact/Title	Email address
Federal Tax-Exempt 501c3 public charity? Y/N	Federal tax-exempt number
Donation 1	Request Information
What is the mission and goals of your organization/no	n-profit?
Who is your target population?	
What geographic region do you serve?	
Is there a Ross or dd's DISCOUNTS store within 25 n	niles of the area you serve?
Gift Card amount requested?	
How will the funding be used?	
About your organization:	
Does your organization have the purpose of spr political, religious or discriminatory organization	eading a political opinion or religious belief or request support foons?
Does your organization knowingly discriminate gender, sexual orientation, political affiliation, or	based on race, caste, national original religion, disability, or age?
Has your organization received a donation from	Ross in the last 12 months?
About your request:	
1 11	cholarships, research or travel grants, stipends, fellowships, rning programs, travel for reunions/anniversaries, mission trips,
Is this request intended to support for sports tea	ms?
Is this request intended to support special event.	s such as benefits, walk-a-thons, golf outings, etc.?