

SUPERIOR GRILL

FABULOUS MEXICAN DINING

5435 Government St.
Baton Rouge, LA 70806
225.927.2022
www.SuperiorGrill.com

Community involvement is very important to Superior Grill and we applaud all individuals who give back to those in their area. Superior Grill tries to concentrate its donations on local charities and organizations for the greatest impact. Some of the many donations and charity events we partake in can be seen in our News and Press page. To ensure that we manage our funds responsibly and are able to continue to support the community some policies are in place. To see if your organization or group qualifies for a donation please send all request in writing at least one month prior to your event for consideration. Be sure to include all information regarding your event so that it can be reviewed.

Criteria:

Social Organizations – Organizations and/or group must benefit children (those that are underprivileged, sick, homeless, fighting or helping to cure disease, disabilities or abused)

Christian based organizations - Organizations that help those that can't help themselves (battered/abused women or children)

Medical Research – Treatment or cure of a specific illness

A portion of proceeds must go back to organization and/or group (at least 25% must go back to the charity)

The organization or group must be within a 25 mile radius of Superior Grill.

To apply for an in-kind donation of a gift certificate or monetary sponsorship, please fill out a **donation form on the following page** and fax (225) 927-2230, email info@superiorgrill.com or mail in to 5435 Government St., Baton Rouge, La, 70806 along with a letter of request on letterhead at least one month in advance of your event.

Superior Bar & Grill

Donation Request Form

Requests are reviewed every 2-3 weeks. Requests must be submitted at least one month in advance of your event. Our company focus is children's charities so those are given first priority.

Date Submitted: ___ / ___ / ___

Name of Organization: _____

Event Name: _____

Event Date: ___ / ___ / ___

Contact Name: _____

Contact Phone: (____)____-____ Fax: (____)____-____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Donation Requested: _____

For internal use only:

- Dinner For Two
- Other
- Decline

Review Date ___ / ___ / ___

Initials _____