



Donation/Sponsorship Request Form

Date Requested: \_\_\_\_\_

Organization Name: \_\_\_\_\_ EIN/Tax ID# \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The Organization is (please mark)

- 501(c)3 - Please include a copy of your 501(c)3.
- City/Government
- School
- Other – please describe \_\_\_\_\_

Area Served/Population \_\_\_\_\_

Specific Project or need that request will aid:  
\_\_\_\_\_  
\_\_\_\_\_

Type of donation requested:

- Monetary Amount \$ \_\_\_\_\_
- Other – please explain: \_\_\_\_\_  
\_\_\_\_\_

Date Needed: \_\_\_\_\_

Do you require our logo: Yes | No If yes, what format: \_\_\_\_\_

Event: Yes | No (If yes, complete the next 4 lines)

Event date: \_\_\_\_\_ Type of event: \_\_\_\_\_

Number of people expected to attend: \_\_\_\_\_

If the event is to be advertised, please tell us how it will be done:  
\_\_\_\_\_  
\_\_\_\_\_

Other information for our consideration:  
\_\_\_\_\_  
\_\_\_\_\_

Direct correspondence to:

Agtegra Cooperative  
Attn: Brittney Bulson  
908 Lamont St. S | Aberdeen, SD 57401  
O: 605-725-8334 | Brittney.Bulson@agtegra.com

Please include copies of flyers or other information.