



Donation Request Form

Today's Date: _____

ORGANIZATION INFORMATION

Organization: _____

Contact Name: _____

Contact Number: _____

Address: _____

City, State, Zip: _____

Please provide your organization's Tax ID number or attach a copy of your 501 (c)(3):

EIN/Tax ID#: _____ 501 c3: _____

PROGRAM INFORMATION

Program or Event Name: _____

Date of program/event: _____

Purpose of Support: _____

How will the funds raised for the program be used: _____

Dollar Value of Request: \$_____ Date Donation is Needed by: _____

Please share any available CCC marketing opportunities (logo, adds, etc)._____

Signature of Applicant

Please return the completed form to either Central Counties Cooperative offices (see addresses below), or submit via email to: ashleyk@centralcountiescoop.com

16319 Highway 12 NE PO Box 629
Atwater, MN 56209

511 Polydome Drive
Litchfield, MN 55355