



Country Visions Cooperative
1010 W Ryan Street
Brillion, WI 54110
800-236-4047
www.countryvisionscoop.com

DONATION REQUEST FORM

Date: _____

Name of organization requesting the donation: _____

Is this a charitable, 501 (c) 3 organization? ☐ Yes ☐ No

Please describe your project or event and state the goals/purpose: _____

Date of the event or publication: _____

Is this a ☐ One time or ☐ Annual event?

Indicate amount and type of product, service or funding requested (Cash, gift certificates, merchandise, ad sponsor, etc.): _____

► If a financial request, please indicate who check should be made payable to:

How will this donation be used? _____

What is the deadline for receiving the donation? _____

How will sponsors be recognized? _____

Is a logo or ad needed? (indicate preferred format type and email address to send it to): _____

Name, address, and phone # of person requesting this donation: _____

Please submit this donation request form to:

Country Visions Cooperative
Attn: Judy Schuh
1010 W Ryan Street
Brillion, WI 54110
or email info@cvcoop.com

Contact Judy Schuh at 920.754.2203 or judy.schuh@cvcoop.com if you have any questions.

Country Visions' department or employee submitting request (if applicable): _____