

# DONATION REQUEST FORM

**Please return completed form and any additional info to:**

**Email:** [marketing@farmersco-operative.com](mailto:marketing@farmersco-operative.com)

**Mail:** **Attn: Marketing Department**  
**PO Box 263 | Dorchester, NE 68343**



Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date donation requested by: \_\_\_\_\_

Describe the project/activity: \_\_\_\_\_

\_\_\_\_\_

If applicable, please provide your Federal Tax ID #: \_\_\_\_\_

Donation requested:

Monetary: \_\_\_\_\_

Other: \_\_\_\_\_

Check payable to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Donation is not confirmed nor guaranteed by completing this request. Please include any additional information such as cover letter or sponsorship forms. Requests can take 2-3 weeks for review. Thank you!