



AGRONOMY | ENERGY | FEED | GRAIN | RETAIL

Donation / Community Support Request

Date: _____

Name of Organization: _____

Address: _____

City, State, Zip Code: _____

Contact Person: _____

Phone: _____ Email: _____

Volunteer Time Requested: _____ How many people will you need? _____

Dollar Amount Requesting: _____ 501C3 Y N Tax ID# _____

Project Details:

Project Title: _____

How is this related to agriculture? _____

Proposed Project Description: _____

How will this donation benefit your community? _____

Do you or your organization have a current business relationship with Five Star Cooperative?

If yes, please describe: _____

Please include a completed W-9 from with your submission. Any questions or comments please contact:

Laura Schwickerath
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