

DONATION & SPONSORSHIP REQUEST FORM

Please Fill Out All Information Co	mpletely				
NAME OF ORGANIZATION:			DATE:		
CONTACT PERSON:					
MAILING ADDRESS:					
City		State	Zip		
PHONE:	EMAIL:				
TAX STATUS: 🗌 NON-PROFIT 🔲 BUSINESS	GOVERNM	ient, tax ID#:			
TYPE OF EVENT:					
DATE OF EVENT:			ELD:		
PLEASE NOTE: request must be received 30 days prior to	event. Large donatic	ns must be approved by Gran	ge Co-op's Board of Directors / CEO		
Request Type					
GIFT CERTIFICATE (Amount \$)				
CASH (Amount \$					
HOW WILL THE MERCHANDISE BE USED?_					
OTHER PRINT ADVERTISING (Size			-		
	Type	Format			
Describe The Specific Event:		Grange Co-op Poli	cy:		
			orts organizations or groups mainly rticulture/gardening and pets.		
	Our contributions consist of merchandise or gift cards. Our is to contribute to local youth groups, civic organizations fundraising events within our communities.				
	In de vo w	order to fairly distribute ou onation per organization wit olume of requests we receive e are unable to accommod oon as possible, and you wi	ur donation budget, we limit <i>one</i> <i>thin a calendar year.</i> Due to the large ve, we may not be able to notify those date. We will review your request as Il be notified upon approval.		
	TI	hank you for your interes	st in Grange Co-op!		



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DESCRIBE WHY YOU FEEL GRANGE CO-OP SHOULD HONOR YOUR REQUEST

IF GRANGE CO-OP WILL BE RECOGNIZED FOR THIS DONATION, WILL A LOGO BE REQUIRED? No No Ves — Logo Format: JPG EPS PDF OTHER Email for us to send the logo to: WOULD YOU LIKE FOR THIS EVENT TO BE FEATURED ON OUR WEBSITE COMMUNITY EVENTS CALENDAR? No No Yes — Website Link: Mail Completed Forms To: ADDITIONAL INFORMATION ABOUT THE REQUEST **GRANGE CO-OP** P.O. BOX 3637 CENTRAL POINT, OR 97502 P (541) 664-1261 F (541) 664-1246 FORMS MAY BE EMAILED TO: marketing@grangecoop.com For Internal Use Only: APPROVED NOT APPROVED (please attach invoice)

Signature	Date
Additional Notes:	
	Contact has been notified of donation status:

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