

Community Donation Request Form



Today's Date: _____ Contact Person: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Website: _____ Is this a non-profit organization? ___Yes ___ No

What is your organization's mission statement? *(Can be summarized)* _____

For what purpose or event are you seeking a donation? _____
(Please include event flyer or organizational information)

Where is the event? NE Mpls. ___ North Mpls. ___ Other _____ Expected # of attendees: _____

When is the event? _____ How will our donation be used? _____
(For requests with less than a 30 days notice please call 612-843-5409. 60 days notice is preferred)

What kind of donation are you seeking? _____

How will you recognize our donation? _____

Can you include complimentary tickets for promotional use? ___ Yes ___ No If yes, # of tickets _____
(Tickets will be used for a social media prize or given to staff)

Please give us the preferred date your donation can be collected from the co-op? _____

Please return to Eastside Food Co-op via email community@eastsidefood.coop or fax 612-781-2324

OFFICE USE ONLY:

Donation: _____ Value: _____

Sponsorship: ___Yes ___ No Annual Event: ___Yes ___ No Estimated Advertising: _____

Notes: _____ Reconciled: _____