



MEDFORD COOPERATIVE

DONATION REQUEST FORM

CURRENT DATE _____

NAME OF ORGANIZATION REQUESTING THE DONATION:

EVENT REQUIRING THE DONATION:

DATE OF EVENT: _____

REPRESENTATIVE SEEKING THE DONATION:

ADDRESS AND PHONE NUMBER OF REPRESENTATIVE: _____

EMAIL ADDRESS: _____

TYPE OF DONATION BEING REQUESTED (Example: cash, food, gift certificate, merchandise, etc.)

WHAT WILL THE DONATION BE USED FOR? (Example: drawings, feed participants, etc.)

IS THIS AN ANNUAL EVENT? _____

MAY WE BE FURNISHED A COPY OF YOUR PROPOSED BUDGET? (How the profits will be used.)

TYPE OF RECOGNITION GIVEN TO DONORS:

APPROXIMATE NUMBER OF PARTICIPANTS PLANNED TO ATTEND: _____

Please return this form to:

Medford Cooperative, Inc.

ATTN: Jolene Kennedy

160 Medford Plaza Medford, WI 54451

FAX: 715-748-2166

If you have any questions, please contact Jolene Kennedy at 715-748-2056, ext. 221.