



COOP Contributes Monthly Charity Application

Today's Date: _____

Name of organization: _____

Organization Contact: _____

Mailing Address: _____

Email address: _____

Phone number: _____

Website: _____

Tax Exempt as IRS 501 (C) (3)

Federal ID#: _____

Mission Statement: _____

How will the monthly sponsorship be used? (program, event, activity, etc)? _____

Do you have any seasonal fundraisers/events that we could coordinate sponsorship with? _____

If chosen as monthly sponsored charity, how can your organization help to promote the fundraising efforts of the Food Co-op? _____

Other information you'd like us to consider: _____
