

Donation Request Form

Date:			
Person Making Request:			
Phone Number:		Alt. Phone Number:	
Best time to reach:	Email (optional):		
Organization Making Request	:		
Date of Event:	Tax Identification Number		
Purpose of Donation/ Organiz	ation:		
Type of Donation Requested:			
Cash	Door Prize	Gift Certificate	Product
Amount/ Description of Donat	tion Requested:		
If cash donations, whom is th	e check made out to?		
Mailing address donation is to	o be sent to:		
Name:			
Address:			
City/State/Zip:			
Date of donation is needed:			

Complete this form online at premiercooperative.com/giving-back or mail to Premier Cooperative – Donations, PO Box 230, Mount Horeb, WI 53572.

All donations requests are subject to approval. Donation requests must be submitted at least 10 days prior to event/ pick up.

If additional questions please call (608) 437-5536.