REQUEST FOR DONATION
Legacy Cooperative

Date of request: _____

NAME OF ORGANIZATION: _____

Phone Number: _____ Email Address: _____

Donation Requested from Legacy (include amount): _____

_____

Explain briefly how the donation will help your organization: _____

_____

_____

Has Legacy donated in the past? If yes, when and what was donated? _____

_____

Is this organization associated with an employee of Legacy Coop? Who? _____

Do you need a Legacy Coop logo for advertising? Yes No

Date donation needed: _____

Request submitted by: _____

Address of Organization: _____

_____

Please return to Legacy Cooperative, ATTN Kaitlyn, PO Box 2188, Scottsbluff, NE 69363-2188 or email application and supporting documentation to kthurston@legacycoop.com

****Donations are reviewed on Fridays each week****

Request: Approved _____ Denied _____