



## Donation and Sponsorship Request

Organization Name: \_\_\_\_\_

Date: \_\_\_\_\_ Event/Program Title (if applicable): \_\_\_\_\_

Please describe your request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific amount or items requested: \_\_\_\_\_

\_\_\_\_\_

Date funds or items are needed \_\_\_\_\_

Estimated number to attend (if applicable) \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Has Orcas Food Co-op provided a donation or sponsorship in the past? Yes No

Is your organization a nonprofit 501(c)3? Yes No

Additional information or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return application to Orcas Food Co-op. We will respond to sponsorship requests within three (3) business days regarding your request. Thank you for your support of Orcas Food Co-op and the work that you do for our community.**



ORCAS FOOD COOPERATIVE **Your Island. Your Food. Your Co-op.**

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