



Co-op Market Grocery & Deli Donation Request Form

Co-op Market is proud to work with others in our community to enhance quality of life for our friends and neighbors. Please review our Donation Policy before submitting your request.

Organization Name North Star Imagination Library

Contact Name Emily Vockeroth

Phone 378-7663 Email books@northstarimaginationlibrary.org

Type of Organization:

- | | |
|--|---|
| <input type="checkbox"/> Agricultural | <input checked="" type="checkbox"/> Educational |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Community |
| <input type="checkbox"/> Health-oriented | <input type="checkbox"/> Other: _____ |

Have you received any donations from Co-op Market within the last year? Y N

Type of donation you are requesting:

- | | |
|---|--|
| <input type="checkbox"/> Gift Certificate | <input checked="" type="checkbox"/> Lend-a-Hand Register Round-up* |
| <input type="checkbox"/> Gift Basket | <input type="checkbox"/> Sponsorship |
| <input type="checkbox"/> Food | |

**If you are submitting a Lend-a-Hand request, please include on your letterhead a detailed statement of your organization's goals and how the donations will be used to meet them.*

How will Co-op Market's participation be recognized? On our Facebook and website.

If your request is being made for an event, please provide the following information:

Event Name/Date _____

Description of Event _____

Estimated Attendance _____

Please send along with your request:

- Any additional materials (flyers, posters, brochures) that represent your organization or event.
- Proof of non-profit status (501C3), if applicable.

Thank you for your interest in Co-op Market and for the valuable work you do for our community!