



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 LITERACY COUNCIL OF ALASKA

Contact Name MIKE KOLASA

Phone 456-6212 Email MIKE@literacycouncilofalaska.org

Type of Organization:

- Agricultural
 Environmental
 Health-oriented

- Educational
 Community
 Other: _____

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

Type of donation you are requesting:

- Gift Certificate
 Gift Basket
 Food

- Lend-a-Hand Register Round-up*
 Sponsorship

**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? FACEBOOK AND WEBSITE AS WELL AS OUR L.C.A. NEWSLETTER.

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

Event Name/Date N/A

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!