

DONATION REQUEST FORM



AGTEGRA™

COOPERATIVE

Date of Request: _____

Organization Name: _____ EIN/Tax ID #: _____

Organization Mailing Address: _____

City: _____ State: _____ Zip: _____

Organization Contact Name & Title: _____

Cell Phone: _____ Work Phone: _____ Email: _____

The Organization is (please check):

- 501(c)(3) Include the 501(c)(3) number _____
- City/Government
- School
- Other – please describe: _____

Population/Area served: _____

Specific project or need that request will aid:

Type of donation requested: monetary amount \$ _____ or other. If other, please explain:

Date needed: _____

Event Yes/No (if yes, complete the next 4 lines)

Event Date: _____

Type of Event: _____

Number of People expected to attend: _____

If the event is to be advertised, please tell us how it will be done:

Other information for our consideration:

Direct correspondence to:

Agtegra Cooperative

Attn: Subrena Green, Director of Communication Services

908 Lamont St. S / Aberdeen, SD 57401

O: 605-725-8860 / subrena.green@agtegra.com

<p>AGTEGRA TO COMPLETE</p> <p>Contributed past fiscal year: Yes/No</p> <p style="text-align: center;">TYPE OF GIFT</p> <p>Dollar amount:</p> <p>Other:</p> <p>Approved/Declined</p>
