

Website: auroracoop.com Email: donations@auroracoop.com

## **Donation Request Form**

Please send completed form and additional documentation to donations@auroracoop.com

Organization / Group Requesting Donation						
Organization/Event Name	Contact Name	Contact Name/Title				
Email Address		1		Phone Nu	<u>ımber</u>	
Mailing Address		<u>City</u>		<u>State</u>	Zip Code	
Request Information						
<u>What type of donation is requested?</u>						
☐ Monetary	Aurora Coop Swag	☐ Tickets <u>OR</u>	Table	FFA / Fair Auction		
		d OR <u>Brief Description</u>	R Brief Description of Estimated Value			
Yes No						
Donation Frequency						
☐ One-Time ☐ Annual	Quarterly Semi-Annual Monthly					
<u>Is a logo or banner(s) needed?</u> Additional Banner or Logo Information						
☐ Yes ☐ No						
Date of Activity Aurora Coop Presence Required Potential Aurora Coop Attendees						
to Yes No						
Check to be sent to:						
☐ Aurora Cooperative Location for pickup ☐ Organization (Address Above)						
Explanation of how this is to benefit Aurora Coop in regard to increase sales or company image						
**Please attach additional information or a copy of the flyer**						
For Office Use Only						
Location				Pro	ofit Center	
Location Manager Signature Print		nted Name		Da	<u>te</u>	
<u>Director of Communications Signature</u>	Drinted N	lamo		D-	to.	
Director of Communications Signature	Printed N	<u>vanite</u>		<u>Da</u>	ite	
Approved: Yes No	•	Vendor Code:				