



Good. Local. Food.

Donation Request Form

Contact Name: _____ Today's Date: _____

Contact daytime phone: _____

Contact email: _____

Organization requesting donation: _____

Address: _____

Organization phone: _____ Website: _____

Does your organization have charitable status: 501-C(3)? _____ *Please attach to request

Please describe your organization's purpose or mission:

Event Title: _____

Date and location of event: _____

Type of donation you are requesting

When do you need the donation? _____

Please describe the event or the purpose for which you are requesting a donation:
Please feel free to attach flyers, announcements, etc. as a means of explaining the purpose

How many people do you expect at this event? _____

How will the Los Alamos Co-op's participation be acknowledged?

You may return this form by:

Email: outreach@losalamos.coop

In-store: Drop off at the Los Alamos Co-op

Mail: Los Alamos Co-op, ATTN: Donation Request , 95 Entrada Drive, Los Alamos, NM 87544