



945 S Riverside Ave
Medford, OR 97501
(541) 779-2667
medfordfood.coop

Donation Request

Today's Date: _____

Organization: _____

Contact Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Email: _____ Website: _____

Is this a non-profit organization? **Yes** (please include certification) **No**

What is your organization's mission statement?

For what purpose or event are you seeking a donation?

When is the event? (Please include event flyer and/or organizational information.)

What kind of donation are you seeking?

How will our donation be used?

How will you recognize our contribution?

