

Donation Request Form



To be considered for a charitable donation, please complete the form below.

Name of Your Organization:

Street address:

Street address line 2:

City:

State:

Zip code:

Contact Person

First name:

Last name:

Phone number:

E-mail:

Is your organization a non-profit or public tax-exempt organization as defined under Section 501(c) (3) of the Internal Revenue Code?

Yes

No

Enter Tax ID Number:

Requested item or amount:

Description of event:

Where and when will the event take place?

When do you need to receive the donation?

What specific benefits/outcomes will be realized with this donation?

To submit your Donation Request Form please email
form to hr@federatedcoops.com