



## Request for Contribution

As funds allow, the Co-op supports activities, which promote cooperation and contribute to the quality of life in the Upper Valley.

Recipients must be non-profit and non-partisan and must not discriminate on the basis of race, creed, sex, national origin, age, sexual orientation, or physical disability. Support is not provided for religious purposes.

The Co-op reserves the right to place restrictions or conditions on any contribution.

Please allow at least two weeks for processing of your request.



Hanover Consumer Cooperative Society, Inc.

Co-op Food Stores • Service Center • Community Food Market

## Request for Contribution

As funds allow, the Co-op supports activities which promote cooperation and contribute to the quality of life in the Upper Valley. Recipients must be non-profit and non-partisan and must not discriminate on the basis of race, creed, sex, national origin, age, sexual orientation, or physical disability. Support is not provided for religious purposes. The Co-op reserves the right to place restrictions or conditions on any contribution. Please allow at least two weeks for processing of your request.

Name of Organization \_\_\_\_\_

Organization Director \_\_\_\_\_ Phone # \_\_\_\_\_

Organization Address \_\_\_\_\_

Is this organization non-profit? \_\_\_\_\_ Tax exempt? \_\_\_\_\_

Solicitor's Name & affiliation (if other than Director) \_\_\_\_\_

Solicitor's Daytime Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Date of Request \_\_\_\_\_ Date contribution needed \_\_\_\_\_

Please describe the program or activity for which you are requesting support (attach additional material if applicable):

Please describe contribution requested (i.e. merchandise credit, gift certificate, cash donation):

Circle store location at which you would like to pick up this donation:    Hanover    Lebanon

**Return completed form to the Information Desk at either Co-op Food Store, or mail to:  
Hanover Consumer Co-op, P.O. Box 633, Hanover, NH 03755**

**For office use only:** \$ \_\_\_\_\_ voucher gift cert check Date contacted \_\_\_\_\_  
Notes: \_\_\_\_\_ Date completed \_\_\_\_\_