



Donation Request Form

Date: _____

Person Making Request: _____

Phone Number: _____ Alt. Phone Number: _____

Best time to reach: _____ Email (optional): _____

Organization Making Request: _____

Date of Event: _____ Tax Identification Number ____ - _____

Purpose of Donation/ Organization: _____

Type of Donation Requested: (Circle One)

Cash

Door Prize

Gift Certificate

Product

Amount/ Description of Donation Requested: _____

If cash donations, whom is the check made out to? _____

Mailing address donation is to be sent to:

Name: _____

Address: _____

City/State/Zip: _____

Date of donation is needed: _____

Complete this form online at premiercooperative.com/giving-back or mail to Premier Cooperative – Donations, PO Box 230, Mount Horeb, WI 53572.

All donations requests are subject to approval. Donation requests must be submitted at least 10 days prior to event/ pick up.

If additional questions please call (608) 437-5536.