



OPEN HARVEST CO-OP GROCERY DONATION REQUEST

YOUR NAME: _____ **TODAY'S DATE:** _____
YOUR PHONE: _____ **YOUR E-MAIL:** _____

ABOUT YOUR ORGANIZATION

- 1 Organization seeking the donation: _____
- 2 Is it a 501(c)3 non-profit? **yes** **no**
- 3 What is your organization's mission? _____

- 4 Organization's web site: _____
- 5 Has it received a donation from Open Harvest in the past? **yes** **no**
- 6 Your relationship to the organization: _____

ABOUT THE DONATION

- 1 Name and type of event: _____
- 2 The event's goal: _____
- 3 What will the donation be used for? **auction item** **prize item** **refreshments**
Other: _____
- 4 The exact donation you are seeking: _____
- 5 How many people do you wish to serve *with the Open Harvest contribution*? _____
- 6 Recognition to donors (at the event, prior, subsequent, etc): _____

LOGISTIC BASICS

- 1 Date Needed: _____ 2 Time Needed: _____
- 3 Who will pick it up? _____
- 4 Person's work/mobile phones: _____

Please return this form in person to the store, mail it to 1618 South St., Lincoln, NE 68502, or fax it to 402.475.2912, ATTN: Donations. In order for your request to have the best chance of being fulfilled, requests should be made a minimum of two weeks in advance of the event. Donation requests submitted less than 5 business days before the event will not be considered. Please see our donation policy on our website for more details: openharvest.coop/donation-requests.

- FOR OPEN HARVEST USE ONLY -

DATE RECEIVED: _____ APPROVED OR DECLINED? _____
DATE OF REPLY: _____ DECISION MADE BY: _____
DATE/TIME TO BE PICKED UP: _____ ITEMS DONATED: _____
CHECK HERE TO INDICATE ITEM WAS PICKED UP: _____

- PLEASE ATTACH TO IOU FORM AND PROCESS AT REGISTER -