

DONATION REQUEST APPLICATION

COOPPORTUNITY MARKET

Contact Information

Name	
Address	
City, State & Zip	
Phone	
E-Mail Address	
Name of Organization	

What type of organization are you requesting a donation for?

School Other (Please explain) _____

Non-Profit _____

Business Partner _____

What type of recognition information would you like from the Co-op?

This would be for acknowledgement in marketing materials.

Signage

Information Brochures

Digital Logo and/or Graphic

How will this donation be used?

Auction (Who will the proceeds benefit?) _____

Food Support (In what way?) _____

Fundraising (Please explain) _____

Please provide any additional information you would like us to consider.

Date your of your event: _____

Date your donation is needed by: _____

We are committed to making our community healthier!

Email your completed application to: donations@coopportunity.com, or drop it off at the Customer Service desk inside the store. Because of the ever-increasing number of requests we receive, we will only respond by email to the requests we can fulfill. Thanks for your interest!



Co-op Santa Monica
1525 Broadway, Santa Monica, CA 90404

Co-op Culver City
8770 Washington Blvd. Culver City, CA 90232
coopportunity.com