Donation Request Application



Contact Information	
Name	
Address	
City, State & Zip	
Phone	
E-Mail Address	
Name of Organization	
<u> </u>	
What type of organization	n are you requesting a donation for?
School	Other (Please explain)
Non-Profit	
Business Partner	
NAME of the second files	information would was the form the Octob
	information would you like from the Co+op?
This would be for acknowledg	ement in marketing materials.
Signage	
Information Brochures	
Digital Logo and/or Grap	phic
How will this donation be	used?
now will this donation be	useu:
Auction (Who will the p	proceeds benefit?)
,	way?)
Fundraising (Please explain)	
<u> </u>	T
Please provide any addition	nal information you would like us to consider.
Date your donation is need	ed 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. Donation requests may be submitted once every six months. Thanks for your interest! We will do our best to assist you.



Santa Monica

1525 Broadway, Santa Monica, CA. 90404Culver City (opening soon!)8770 Washington Blvd. Culver City, CA 90232