

Farm Supply Company P.O. Box 111, San Luis Obispo, CA 93406 Attn: Pam Pickering www.farmsupplycompany.com

DONATION REQUEST FORM

We are a 2500 member farmer-owned agricultural cooperative dedicated to helping serve and meet the needs of our local community. Requests must submitted at least 30 days prior to event date. All approved requests will be paid by check or in-kind donation. Please fill out this form completely and return to address above or email pmp@farmsupplyco.com. Type or print legibly with blue or black ink. Not all requests are guaranteed approval. Please be advised that requests for political or religious causes will not be considered.

Check One:	In-Kind Donation		
Date of Request:	Event Date:	Amount Requested:	
Name of Organization:		Phone Number:	
Address:		City/Zip:	
Name of Person Requesting D	onation:	Phone:	
E-Mail Address:			
Is the organization a tax exemp	pt 501(c)3 non-profit?	Yes 🗌 No Tax ID #	
Describe how the donation is			
Briefly describe the organization	on's primary purpose/mission	1:	

Yes

□No

Has Farm Supply Company given to your organization in the previous 12 months?