



DONATION REQUEST FORM

Completion of this form DOES NOT guarantee North Country Companies will fulfill the request. Limit one request per organization to North Country Companies [includes below listed companies – please circle company logo of which you are requesting donation]; any duplicate submissions will be discarded. Please fill this form out in its entirety if you wish to have your donation processed.

Name of Organization: _____

Contact Name: _____ Phone: _____

Delivery Address: _____

City: _____ State: _____ Zip Code: _____

**If donation is granted, we may request you to pick up the donation.*

Email: _____

1. This Organization is: (please circle one)

EDUCATIONAL

ARTS/CULTURE

CHARITABLE

INSTITUTIONAL

2. Is this organization a 501(c) (3) non-profit agency? YES / NO

3. Event Description: (Name, Date, Time, # of people to attend, and purpose) _____

4. Is this event a fundraiser? YES / NO

Who do the proceeds benefit? _____

5. Have you received a donation from us before? YES / NO

6. Are you requesting radio advertising time? YES / NO

Are you requesting matching funds? YES / NO Amount: \$ _____

7. Deadline for receiving the donation item (six-week minimum): _____

Please return this form to 107 Center St W, Roseau, MN 56751 or FAX: (218) 463-1977 Attention: DONATION REQUEST

