



1949 North Linn Avenue, P.O. Box 151 New Hampton, IA 50659

Donation / Community Support Request

Date: _____

Name of Organization: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ Phone: _____ Email: _____

Volunteer Time Requested: _____ How many people will you need? _____

Dollar Amount Requesting: _____ 501C3 Tax ID # _____

Y N

Project Details

Project Title: _____ How is this related to agriculture: _____

Proposed Project _____

Description: _____

How will this donation benefit your community? _____

Do you or your organization have a current business relationship with Five Star Cooperative: _____

If yes, please describe: _____

Please include a completed W-9 form with your submission.

Any questions or comments please contact us at:

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