



Donation Application

*Please complete this form and email to:
memberservices@boisecoop.com*

*You may also mail it to:
Boise Co-op Member Services
888 W Fort St
Boise ID 83702*

Name of your organization _____

Address: _____

501(c) 3 Tax ID Number: _____

Contact Person(s): _____

Phone: _____ email: _____

Website: _____

Briefly state the history of your organization and its mission: _____

What will the donation be used for? _____

How many members does your organization have? _____

How will you promote this event to your members and the public? _____

From what other sources do you receive major funding? _____

Boise Co-op use only:

Date of Donation _____ \$ _____ Check # _____