

Donation Application

Your completed application must be received at least 60 days in advance of your event in order to be considered. Please read Lexington Cooperative Market's Donation guidelines before submitting your application.

If we are able to fulfill your donation request, you will be notified by phone. We will only contact you if we are able to fulfill your donation request.

| Today's Date: | Event's Date: |
|---|---|
| Organization: | 501(c)(3) or tax ID#: |
| Type of organization/event: Please check the appropriate Health Nutrition Education Envir | |
| Address: | |
| Contact: | Title: |
| Phone: | Alt. Phone: |
| E-mail: | Fax: |
| | |
| Description of Event/Program: | |
| How many people will be attending this event? | |
| How will Lexington be acknowledged for this event? | |
| Requesting: Please note- most of our donations are in the form of | of a gift card, which you can use for the event or give away. |
| Lexington Gift card: Other: | |
| | |
| Does this donation directly benefit the organization list | ed above? Yes No |
| Please mail or fax your application and any relevant info | ormation to: |
| Lexington Cooperative Market Attn: Donations 807 Elmwood Ave Buffalo, NY 14222 | |

Fax: Lexington Co-op Donations: 716- 332- 0693

Although we would like to support every worthwhile cause, due to the volume of applications we receive and limited budgets, it is not possible to fulfill every request.