



EVERGREEN CO-OP COMMUNITY INVESTMENT PROGRAM REQUEST FORM

Organization's Name: _____

Evergreen Co-op Membership Number: _____

Contact Person: _____ Title: _____

Address: _____ Town: _____

Postal Code: _____ Phone Number: _____

Date Of Event: _____ Email Address: _____

Event Requiring Community Investment: _____

Date of Last Community Investment Application: _____

Investment Requested: _____

Purpose of your organization, background and the number of people involved:

Type of promotional materials (Posters, Programs) & other media (radio, TV, print)ect. Used to promote Evergreen co-op as a sponsor:

Anyone making a request for this Community Investment Program is required to fill out this form. Please attach a letter for more information. All applications require a minimum of 7 business days to be processed before your event.

Signed: _____ Date: _____

By signing this form, you give Evergreen Co-op consent to use your name, the name of your organization, all photos taken & used within retail locations or on social media & newsprint advertising.

For Office Use Only: Item Provided _____ Value: _____