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Donation Request Form

Organization Information

Date of Request:	Name of Organization:
Mailing Address:	Contact Name:
City, State, Zip	Email Address:
Payable to:	Phone Number:

Donation Request Description

Check One: <input type="checkbox"/> Monetary <input type="checkbox"/> Product/Item <input type="checkbox"/> Service <input type="checkbox"/> Other	
Amount/Description:	Date Requested:
Describe Project/Activity:	

Please send completed forms to the mailing address above or email:

Erica Peters
Email: erica.peters@legacy-cooperative.com