



Contribution Request Form

Date: _____

Please submit requests 30 days in advance.

Organization: _____
Address: _____
City: _____ State _____ ZIP Code: _____
Contact Person: _____
E-mail: _____
Phone Number: _____ Fax Number: _____

Amount Requested from Nexus: _____

Name or Title of Program: _____

Program Objectives

What are the objectives of the program?

Program description:

Intended use of contribution:



Name of persons and/or locations to benefit from this contribution:

Please give a brief history of your organization:

Describe your fundraising methods:

History (if any) of past assistance:

Names of other contributing organizations and/or endorsee:

Will this request be annual? Yes No

Please attach a copy of your organization's 501(c)(3) letter (if applicable) from the IRS, along with a copy of the most recent audited annual financial report and mail to:

Nexus Cooperative
Contribution Requests
1001 Blunt Pkwy
Charles City, IA 50616