



Today's Date _____

Contact Name: _____

Contact Phone & Email _____

Organization Name: _____

Address: _____

City, State, Zip: _____

Date & Location of Event: _____

Product Requested: _____

Are you requesting a cash donation? _____

If product needs to be delivered, please provide exact time and location: _____

If cash donation is requested, who should check be written to:

Please provide brief description of the event.

Approval _____ Date _____

All requests will be reviewed on a first come first served basis. Please submit request one month prior to event. Please visit our websites for information on our companies at:

www.heartlandcooperativeservices.com and www.omegavalleyfarmers.com

100 Parkside Drive, Dorchester, WI, 800-521-2021