



82 S. Winooski Ave
Burlington VT.
05401
802-861-9700
www.citymarket.coop

Donation & Sponsorship Request Form

Please email completed form to donations@citymarket.coop for consideration.

Today's Date:

Organization:

Non-Profit 501(c)(3): Yes (please supply certificate of exemption) No

Contact Person(s):

Mailing Address:

Phone Number(s):

Email:

**Organization's
Website:**

Name of Event:

Date(s) of Event:

**Number of
People Attending:**

Frequency of Event:

Type of Activity/Purpose of Event:

How does this activity/event relate to City Market's Global Ends?:

Type of Donation Requested and/or Monetary Amount:

How will this donation be used? (please be specific):

Special Needs or Requests:

**City Market frequently provides a gift card.
Would this be an appropriate item to donate to your event?**

Yes

No

For City Market Use Only

Approved Amount:

Member Services staff name:

Date:

Notes: