



Donation Request

Drop this form off at any store or email to Sylwia Stevens at brenda.c@weaverstreetmarket.coop.

101 East Weaver Street
Carrboro, NC 27510

404 West Hargett Street
Raleigh, NC 27603

716 Market Street
Chapel Hill, NC 27516

228 South Churton Street
Hillsborough, NC 27278

Please complete the form below. Your completed application must be received at least 30 days in advance of your event deadline in order to be considered. Please read WSM's donation guidelines before submitting your application.

Date of Application _____ Contact Person _____

Organization _____ Telephone _____

Address _____ Email _____

EVENT and ORGANIZATION INFORMATION

Date of Event: _____ (must be at least 30 days from today)

Date of Donation is Needed: _____ (must be at least 30 days from today)

501(c)(3) or Tax ID # _____ (required)

Focus of Organization: _____ (health, hunger, nutrition, education, environment)

Please indicate the store where you'll pick up the gift card CB SV HB RL

Description of the event. (Please include event flyer or website address.)

How the gift card will be used? _____

How will the local community benefit from the event? _____

How many people will attend this event? _____

How will WSM be acknowledged at this event? _____
