



SHARE REFUND FORM



Date of Request: _____

Owner #: _____

Print all names on the share:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Signatures *(required from all parties on share)*

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Please send a check to the names above at the following address:

(Checks only mailed to US address)

Please donate my share to Weaver Street Market's Cooperative Community Fund

Weaver Street Market's Cooperative Community Fund gives grants each year to local nonprofits for community projects that focus on "Access to Healthy Food."

Phone #: _____

Email: _____

Please donate \$ _____ of my share to the Cooperative Community Fund

Reason for refund:

Any parting comments for WSM?

That's it! Please return this form to any Weaver Street Market location, fax it to 919-241-1799, email it to ownershares@weaverstreetmarket.coop, or mail it to Weaver Street Market, Attn: Owner shares, 437 Dimmocks Mill Rd., Suite 10, Hillsborough NC 27278.

<i>Administrative staff:</i>	Amount to be refunded:
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <p><i>approved</i></p>	_____ Regular Share 3030-00-000
	_____ Preferred Share 3035-00-000
	_____ CCF Donation 2355-00-000

<i>Administrative staff:</i>
_____ Date check cut:
_____ Date sent
_____ Check number