



## Give Where You Live Application

Organization's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Please provide the following information with your application:

- Proof of 501C3 status
- Mission statement
- 50 word paragraph about your work in the community for the in-store display and website
- W-9 Form - Request for Taxpayer Identification Number and Certification

Send this information to:

Kathryn Dickens  
Owner Services & Outreach Coordinator  
Good Foods Co-op  
455 Southland Drive  
Lexington, KY 40503  
859-278-1813 ext. 232  
kathrynd@goodfoods.coop

Applications are due December 31<sup>st</sup> of each calendar year, but are accepted on a rolling basis.