



**7516 Meade Street
Pittsburgh, PA 15208**

Date: _____

Five Percent Wednesdays Application Form

Organization Name _____

Address with zip _____

Phone Number _____ **Fax Number** _____

Email _____

Contact Person(s) _____

The criterion for selection of participants includes the following:

- ✓ Must ensure that the donated money will stay in the community or contribute to a cooperative.
- ✓ Must demonstrate that the donated money will be used within the East End Food Co-op's End's Policy Statement(www.eastendfood.coop)
- ✓ Provide us informative literature for distribution. Posters are welcome but optional.
- ✓ Have a representative in the Co-op for that day, the best time being from 11am to 6pm [the store is open 8am to 9pm].

Please provide the information requested below to be considered for the *One Percent Wednesdays Program*:

- ✓ Proof of Non-Profit 501C3 Status, if applicable
- ✓ Mission Statement of organization
- ✓ How you feel your organization can best work with the EEFC in the future
- ✓ Past projects and/or events
- ✓ Please provide any program information, newsletters or other written material which best explains your organization.

If your request is intended for an event, please apply at least 3 months in advance and include:

- ✓ Name of Event
- ✓ Location and Date of Events
- ✓ Literature that best describes your events, including who it will serve and how
- ✓ Let us know of any other events you sponsor throughout the year!

Please drop off this information at the Customer Service Desk, or mail to: Member Services, 7516 Meade Street, Pittsburgh, PA 15208. If you have any questions, please call the Member Services Manager at 412.242.3598 ext. 103, or email at memberservices@eastendfood.coop



**7516 Meade Street
Pittsburgh, PA 15208**

General Donation Application Form

Date: _____

Organization Name _____

Address with zip _____

Contact Person _____ Phone Number _____

Email _____ Fax Number _____

The criterion for selection of participants includes the following:

- ✓ Must ensure that the donated money will stay in the community.
- ✓ Must demonstrate that the donated money will be used within the East End Food Co-op's Ends Policy Statement.

Please provide the information requested below to be considered for the *General Donation Program*:

- ✓ Proof of Non-Profit 501C3 Status, if applicable
- ✓ Mission Statement of organization

If your request is intended for an event, we recommend that you apply at least 1 month in advance and ask for the following information:

Name of Event: _____

Location and Date of Event: _____

Number of People expected: _____

Please check one of the following donation requests:

- Gift certificate to purchase food
- Gift certificate to give away
- Café food donation
- Other [Please specify] _____

- ✓ Please include an information sheet that best describes your event, including who it will serve and how.
- ✓ Please inform us how you will publicize the Co-op's participation in your event.

Please drop off this information at the Customer Service Desk, or mail to the EEFC, Member Services, 7516 Meade Street, Pittsburgh, PA 15208. If you have any questions, please call the Member Services Coordinator at 412.242.3598, or email at memberservices@eastendfood.coop