



New Vision Co-op
38438 210th St
Brewster, MN 56119
507-842-2001

New Vision Co-op Charitable Donation Application

Date: _____

Organization Name: _____ Tax Exempt No. _____

Organization Address: _____

Contact Person: _____ Ph. _____

Email: _____

Please explain the funding request and whether it is an ongoing or one time request.

Please include a copy of the organization's 501(c)(3) status and a list of staff and directors.