



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
- Brochure or other written materials describing your organization
- 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:

Ann Marx
Owner Services Manager
Good Foods Co-op
455 Southland Drive
Lexington, KY 40503
859-278-1813 ext. 244
annm@goodfoods.coop