



## BEET BUCKS PROGRAM REQUEST FORM

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

501 (C) (3)  Yes (if yes please attach a copy of your 501 C3 letter)  No

Contact Person: \_\_\_\_\_

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

Please explain what your organization does:

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What specific programs does your organization run to support the community?

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Anything else you would like to tell us about your organization or that you think might be helpful to us in making a decision:

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Are you able to come table in the store to promote your Beet Bucks partnership at least once during the two-month partnership?  Yes  No

What other ways would you promote the partnership?

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SBFC Use:

Request received date \_\_\_\_\_ Accepted: Yes  No

Beet Bucks months: \_\_\_\_\_

