



Drawer F
215 E. Central Ave.
Minot, ND 58702
701-852-2501
701-852-4794 fax

DONATION/SPONSORSHIP APPLICATION

Please TYPE or PRINT clearly.

Date: ____/____/____

Your name: _____ Phone #: _____

Address: _____

Organization Name: _____

Is it a non-profit organization? YES NO

Who is the organization's current leader/president?

Name: _____ Phone #: _____

Address: _____

Explain what your organization needs and specifically what it will be used for:

What was the date your organization last requested a donation from Cenex of Minot?

If your request for this donation/sponsorship is approved, by what date do you need to have it? _____

Name and Address of person we should contact if approved:

Name: _____ Phone #: _____

Address: _____

PLEASE MAIL/FAX APPLICATION **c/o Tracy Chisholm** at ADDRESS/NUMBER ABOVE.

DO NOT WRITE BELOW THIS LINE

Approval: YES NO Dept: _____ Per: _____ Date: _____