



Thank you for your interest in Our Caps, Your Cause.

To participate in our program, your organization must be a registered 501 (c) (3) non-profit or school. Please complete and submit this form, along with a signed W-9 Form (Request for Taxpayer Identification Number and Certification), and submit via email to OurCaps@prairiefarms.com or mailed to: Prairie Farms Dairy, 3744 Staunton Rd, Edwardsville, IL 62025, Attn: Abby Siddell

Charity/Organization Name: _____

Mission Statement:

Charity/Organization Category (circle one): Agriculture, Animals/Wildlife, Arts/Culture, Children’s Charities, Education, Faith/Religious, Food Bank, Health/Disease, Literacy, Military/Veterans, Professional Associations, Social Services, Sports/Teams, Volunteer, Women’s Charities, Men's Charities, Other: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Charity/School Employer ID Number (EIN): _____

Charity/School Web URL: _____

Program Coordinator Name: _____

Program Coordinator Title: _____

Program Coordinator Phone: _____

Program Coordinator Email: _____

**Completing this registration does not constitute an approval. Prairie Farms may reject any organization and prohibit from participating in the program. The program is subject to all applicable laws and legal requirements and is void where prohibited.*