



or



YOUR RECEIPT

YOUR CAUSE

**Thank you for your interest in Our Caps/Your Receipt, 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](mailto:OurCaps@prairiefarms.com) or mailed to: Prairie Farms Dairy, 3744 Staunton Rd, Edwardsville, IL 62025, Attn: Abby Siddell

**Charity/Organization Name:** \_\_\_\_\_

Mission Statement: \_\_\_\_\_

**Select Your Charity/Organization Category:**

- 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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Charity/School Employer ID Number (EIN): \_\_\_\_\_

Charity/School Web Site URL: \_\_\_\_\_

Program Coordinator Name: \_\_\_\_\_

Program Coordinator Title: \_\_\_\_\_

Program Coordinator Phone: \_\_\_\_\_

Program Coordinator E-mail: \_\_\_\_\_

*\*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.*