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30 East Main • Albert City, IA 50510

From: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AG PARTNERS**

Attn: LocalMotion Committee

30 East Main St., PO Box 38

Albert City, IA 50510

Place  
Stamp  
HERE

**MAKING A  
DIFFERENCE**



Ag Partners is proud  
to offer LocalMotion –  
a new donation program  
designed to support and  
strengthen our communities.

We're ready to  
make a difference.

**Ask Us for  
Details Today!**



**MAKING A  
DIFFERENCE**  
in our Communities





*At Ag Partners, taking a local interest comes naturally to us. While the size of Ag Partners has grown, it has always been our passion to support the communities our customers call "home."*

**We are pleased to offer LocalMotion – a company-wide donation program.**

*Because of your trust in our services, Ag Partners will donate 1% of net profits from Agronomy sales to help our communities thrive.*

*Whether it's our time or a financial commitment, Ag Partners strives to be a champion for our communities.*

**Please help us make a difference!**

## GUIDELINES



- **Donations available**, and not limited to, individuals, civic and charitable organizations, businesses, schools, for community events celebrations.
- **A Donation Request Form** must be completed to begin the request process. Completion of the form indicates a request, not necessarily a guarantee of the donation.
- **Donation requests** should be submitted at least four weeks prior to specific date needed.
- **Our LocalMotion Committee** will review each request and notify the contact person indicated on the request form. We will contact you by telephone, email or in writing.

*Please tear this portion off, fold, tape stamp, and mail.*

# DONATION REQUEST FORM

*In order to help us expedite the donation procedure, complete this form in its entirety. Please include a cover letter if you wish to provide further information to support your request. Please type or print clearly.*

Name of Organization \_\_\_\_\_ Date \_\_\_\_\_

Type:  Civic  Charity  Business  School  Other: \_\_\_\_\_ Tax Exempt #/501c3 \_\_\_\_\_

Summarize the primary focus of your organization (i.e. shelter, youth programs, healthcare, scholarships, etc.)

Contact Person \_\_\_\_\_ Address \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Please explain specific need for donation.** What is the dollar value you're requesting? If for an event, address all details including type of event, date, location, how donation will be used, who specifically benefits, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you using any form of advertising to promote the event? Please explain. \_\_\_\_\_

\_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

**Return completed form and other support information to:** Ag Partners • Attn: LocalMotion Committee  
30 East Main St., PO Box 38 • Albert City, IA 50510 • FAX 712.843.2018

**Please allow up to four weeks to review and respond to your donation request.**