



LIQUID CARES REQUEST FORM

All requests will be reviewed for consideration on the 2nd Wednesday of the month. Correspondence will be sent to the email provided following that date.

Email the completed form to liquid.cares@agroliquid.com

Organization Name: _____

If known, please provide the organization tax I.D. or E.IN. number: _____

Address where the contribution should be sent: _____

Contact Person: _____ Phone: _____

Email: _____

Date contribution is needed by: _____

Purpose or how the contribution will be utilized: _____

***** Please provide event/sponsorship informational documentation with your submission.*****

Has the organization received a contribution from AgroLiquid in the past: YES NO

Which of AgroLiquid's areas of focus does your request apply?

(refer to the website for detailed descriptions: <https://www.agroliquid.com/about/liquid-cares>)

Community Enhancement

Education

Matching Program

Environmental Stewardship

Type of Donation:

Sponsorship Cash In Kind

Requested Value: \$ _____

Other (please specify): _____

If you were referred to Liquid Cares by an AgroLiquid employee or Retail Partner please provide the name:

AgroLiquid/Liquid Cares reserves the right to decline consideration of any request for any reason.