



Community Care Program Non-Profit Application

This form should be used by any non-profit organization looking to participate in the **Elmer's County Market Community Care Program**. This program allows individuals who shop at Elmer's County Market to donate their Elmer's Reward points to your organization. For every 100,000 points that are donated, the organization will be able to purchase a \$100 Elmer's Gift Card. The organization can then choose to make purchases with the gift card, sell the gift card or donate the gift card.

Organization Name

Address

City State Zip Code Organization Phone
Number

Your PIN # _____ (The pin number must be 4 to 8 digits and numeric)
This pin number and your unique organization # will be needed when redeeming your points for Elmer's Gift Cards.

Contact Name _____ Contact Phone Number

Contact E-mail _____

Please include a copy of your IRS Determination Letter. This is necessary to verify the tax-exempt status of your organization and is required in order to participate in the program.

Return to:

Elmer's County Market
Community Care Program
412 No. Lincoln Rd.
Escanaba, MI 49829

Or fax it to (906) 789-0168 or email to email to rod@elmersfresh.com