



## Community Investment Program Application

After completing this application, print it. Then return it with a cover letter (on your organization's official letterhead) and a copy of your 501 (c)3 certification to the Media Contact in your area, by physical mail. This information can be found on H-E-B's website, [www.HEB.com](http://www.HEB.com), under the Community Area. Any information regarding your organization, program or event may also be included. This application should be submitted sixty (60) days prior to your event. Please allow thirty (30) working days for a response.

### ORGANIZATIONAL INFORMATION

Organization/group name: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

Do you have 501 (c)3 non-profit certification? Yes  No

Contact name: \_\_\_\_\_ Contact title: \_\_\_\_\_

Organization address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please describe the purpose of your organization and its primary beneficiaries: \_\_\_\_\_

### PROGRAM/EVENT INFORMATION (COMPLETE WHERE APPLICABLE)

Program/event: \_\_\_\_\_ Event date: \_\_\_\_\_

Is there a print deadline? Yes  No  Do you need an H-E-B logo or Ad? Yes  No   
If yes, what is the date? \_\_\_\_\_ If yes, please specify? \_\_\_\_\_

How many people are expected at your event? \_\_\_\_\_

What cities or counties will be served? \_\_\_\_\_

Please describe the nature and purpose of your program and event: \_\_\_\_\_

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

### REQUEST INFORMATION

What would you like H-E-B to donate? (Please be as specific as possible.): \_\_\_\_\_

Has H-E-B donated to your organization's program or event in the past? Yes  No   
If yes, what amount and date? \_\_\_\_\_

Has an H-E-B or Central Market store already made a contribution to your program or event?  
Yes  No  If yes, which store? \_\_\_\_\_

Our customers like to know how we support our community. How will H-E-B be recognized as a sponsor of your organization, program or event? \_\_\_\_\_