



NEIGHBORLY NICKELS APPLICATION

Today's Date _____

Organization _____

Address _____

Contact Person _____

Phone Number _____ E-mail _____

Please briefly describe your organization's goals and how they benefit our community:

How will you acknowledge Fiddleheads for supporting your efforts?

Return completed application to: Fiddleheads Food Co-op, ATTN: Community Connections Coordinator 13 Broad St. New London CT 06320 OR email to community@fiddleheadsfood.coop.

For Staff Use:

Chosen for Contributions Y/N | Year & Quarter Featured: ____ | Staff Initial ____