

bluemkes.inc@gmail.com.

Bluemkes Food Mart Spirit Pump Application

Contact Name:
Phone Number:
Email:
Class/Organization/Team:
Please provide a brief description of how the funds will be used:
End date of project (if applicable):
Make check payable to:
One recipient will be selected each month. Applications will be kept on file for six months or until

no longer valid. They may be dropped off at Bluemkes Food Mart or emailed to