

Charitable Giving Application



Name of Organization

Date of Application

Organization Contact Information

Individual to Contact

Email Address

Address 1

Daytime Phone

Facsimile

Address 2

Organization Web Site

City

State

Zip Code

Founder, President, Sr. Manager etc.

Tax ID (if applicable)

Vision, Mission Statement or other Statement of Purpose *(attach supporting literature)*

Organizational History / Performance

Founded in _____(yr) Geographic Coverage ☐ National ☐ Local ☐ Both

Distribution of Donated Funds

_____ (%) Administration / Overhead / Fund Raising, etc. _____ (%) to Recipients

Donation Type Requested

☐ Monetary \$ _____ ☐ Volunteer Time and Labor ☐ Materials / Supplies

Description of Donation

