Donation Request

Office Use Only

Disseminated on:

Voted on:

Outcome:

Amount:

Received By



Kern County Bar Association Charitable Foundation 1675 Chester Avenue, Suite 220 Bakersfield, CA 93301

like us to be aware of, or to keep in mind, while considering your request for donation.

Completed By

Notified via:

Phone: 661-334-4700 Fax: 661.334.4701 www.kernbar.org

Date:		Please tell us about the person(s), group, or organization
Requester's Name:		requesting the donation, <u>and</u> explain the need for ,donation and it's intended use in detail -
\bigcirc	New Prior Applicant	uonation and it's intended use in detail -
E-mail:		
Phone:		
Cell Phone:		
Associated with:		
Requesting for:		
Donation		
Amount Requested:		
Intended Use:		
Total Needed:		
Already Obtained:		
Donation Bene	fits	
Group/Org Name:		
\circ	Non-Profit	
Date(s) of use:		
How many people:		
If youth - age group		
How to contact	· •	
\bigcirc	E-mail	
\bigcirc	Phone	
\bigcirc	Cell Phone	
What is your de	eadline for response?	
Date:		
		Please attach any additional documents that you would