

Community Support Grant Application

Contact Person:	Phone #:	Fax #:	Email:	
Organization Name:	Address:		City:	
State: Zip: Web Address:				
Check here if you are a McCloskey and Con	npany employee.			
 Charitable organizations please attach: 501 (c) (3) certification Most recent audited financial statement List of Board of Directors and key staff If more space is required, please continue on the 	ne back of this sheet		application	
GRANT REQUEST: \$ or			(gift in kind) by	(date)
Describe program/project for which you are req	uesting support:			
Who will benefit:				
How will they benefit:				
Please show a financial breakdown of how the	donation will be use	d:		
Describe your involvement:				
Signature	Dat	e//		
Submit application to McCloskey and Company	r at:			
Post Office Box 539 Anahola, Hawai'i 96703 Phone: (808) 823-1000 Fax: (808) 823-1008				

Fax: (808) 823-1008 info@McCloskeyandCompany.com www.McCloskeyandCompany.com