



Soroptimist International of Central Solano County

Donation Request Form

Please complete this application form and return it as instructed below.
A handwritten form is fine, as long as it is completely legible.
We give up to \$2000 to each organization we support.

Name of Organization:

Is this Organization a current 501c3 nonprofit ___ Yes ___ No If No, explain: _____

Your Name & Title:

Name of Board Chair:

Telephone No.:

Street Address:

City, State:

Non Profit Tax ID # (EIN):

Website:

E-mail Address:

WHAT IS YOUR ORGANIZATION'S MISSION STATEMENT?

WHAT IS YOUR MOST URGENT NEED AND WHAT DOLLAR AMOUNT WILL FILL THIS NEED? HOW DOES THIS FIT SOROPTIMIST'S MISSION (LISTED BELOW)?

IS THERE A SPECIFIC PROGRAM THAT CAN BE SUPPORTED WITH THE FUNDS REQUESTED?

WHOM DO YOU SERVE? WHAT IS YOUR GEOGRAPHIC REGION? HAVE YOU RECEIVED FUNDS FROM ANOTHER SOROPTIMIST CLUB?

Signature: _____

Date: _____

Soroptimist International of Central Solano County is dedicated to improving the lives of women and girls, in local communities and throughout the world.

PLEASE RETURN THIS COMPLETED FORM to Soroptimist International of Central Solano County:

As an attachment to an email to bevb@tbeastbaynorth.com

Or mail to Soroptimist, P.O. Box 225, Fairfield, CA 94533

Questions? Call Bev Brun @707-718-3598