

**COMMUNITY DONATION APPLICATION**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Are you a 501C3 tax-exempt organization? ☐ Yes ☐ No

Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Your organization's Mission Statement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program/sponsorship requesting funds for:

\_\_\_\_\_  
\_\_\_\_\_

Date of Event: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_

Community Program Description:

\_\_\_\_\_  
\_\_\_\_\_

What does your program/project serve?

\_\_\_\_\_  
\_\_\_\_\_

What other sources fund this project? Please describe.

\_\_\_\_\_  
\_\_\_\_\_

What identified community need does your program/project address?

\_\_\_\_\_  
\_\_\_\_\_

List any other information you feel may be helpful. \_\_\_\_\_

\_\_\_\_\_

**Please attach** any materials you feel may help us better understand your program/sponsorship request.