



## Charitable Contribution Request

Our purpose is to give financial support to non-profit organizations or individuals who contribute to the quality of life in our community.

Organization/Individual \_\_\_\_\_ 501(c)(3) yes / no \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact person \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Project / Program to be funded \_\_\_\_\_

Project / Program description (attach additional documents if necessary) \_\_\_\_\_

Other donors / contributors to project or program \_\_\_\_\_

Other sources of income \_\_\_\_\_

Amount requested \_\_\_\_\_ Amount to fully fund project \_\_\_\_\_

Request submitted by \_\_\_\_\_ Telephone \_\_\_\_\_

