



## Charity Application Form

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_.

Is the organization a 501 (c)(3)

Yes \_\_\_\_\_

No \_\_\_\_\_

EIN # \_\_\_\_\_

Summary (Tell us about your organization in no more than 250 words)

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If you receive the donation, how would the money benefit the organization and community? (Answer in no more than 250 words).

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