



Charitable Contribution Application

ORGANIZATION INFORMATION:

Name of Organization: _____

Address: _____

Phone Number: _____

Contact Person: _____

Summary of Organization's Mission and Objectives:

EVENT INFORMATION:

Date of Event: _____

Location of Event: _____

Expected Attendance: _____

Summary of the Event:

Sponsorship Opportunities:

Monetary Request: _____

Applicant's Signature

date