

AWALC

DONATION REQUEST APPLICATION FORM

ORGANIZATION INFORMATION

Date: _____ EIN: _____

Organization Name: _____ Applicant Name: _____

Mailing Address: _____ Phone Number: _____

Website: _____ Email: _____

ADDITIONAL INFORMATION

Brief Description of Organization: (Please briefly describe your organization's purpose, including its mission statement)

Purpose of Request: (Please briefly describe the reason or occasion for this specific request)

Amount Requested: (Please list the amount requested, and what that amount represents to your organization. Examples may include what services will be provided, sponsorship levels at an event, etc.)

Please attach IRS determination letter, if you have one, and any literature relevant to request. (Examples include fliers or brochures about your organization, invitations for a specific event, etc.)

BY APPLYING, YOU CERTIFY THAT: the applicant organization is non-partisan, and does not discriminate on the basis of race, religion, gender, sexual orientation, disability, age, ethnicity, or national origin, that the individual applicant has the actual or apparent authority to represent the applicant organization, and that you hold AWALC harmless for any and all claims related to the donation request

X _____
Name: _____
Title: _____