



The Charitable
Foundation

DONATION REQUEST FORM

Charitable Organization Information:

| | | |
|-----------------------|------|--------|
| Name of Organization: | | |
| Contact Person: | | |
| Street Address: | | |
| City/State/ZIP: | | |
| Phone: | Fax: | Email: |

Please describe how you heard about us:

| | | | | |
|--|--|------------------------------------|--|----------------------------------|
| Please indicate which region you would like to allocate your donation: | | | | |
| <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Orange County | <input type="checkbox"/> San Diego | <input type="checkbox"/> Santa Barbara | <input type="checkbox"/> Ventura |
| Branch Office: | | | | |

- By checking this box you agree that your 501 (c)3 name and possible photographs of employees/volunteers may appear in press releases and on The Charitable Foundation's social media sites.



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| Please provide the Mission Statement of your organization: |
| How many people benefit from and participate in your organization yearly? |
| Dollar amount requested from The Charitable Foundation: |
| Where will the contribution be used and for what purpose? |
| What was your <u>annual</u> budget for the last fiscal year? |
| Does your organization have any type of religious or political affiliation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe. |

Please include a copy of your IRS 501(c)3 designation letter, W-9, and any supplemental materials which help to explain the mission of your organization.

SUBMIT INFORMATION TO FOUNDATION ADMINISTRATOR AT:

Email: admin@thecharitablefoundation.net

Thank you for submitting your request. The board will review and determine recipients on a quarterly basis.