

Donation Request Application

Name of the Organization:	Federal Tax ID#:	
Contact / Representative:	Phone#:	
	Fax#:	
	Other:	
Email Address:		
	About your Project / Request	
General Information		
Project Name / Title:		
Purpose of the project:		
Amount Requested:		
Other Sources of Funding:		
Other Sources of Funding.		
Pagin / End dates of Praiset		
begin / End dates of Project:		
Date Funding is needed:		
Is your organization willing to appear i	in a photo op/write up to announce your award?	
Project Narrative / Summary:		
Instructional to this section		
Instructions: In this section summarize the description		
of your project / proposal		
and how it seeks to meet		
a need or fulfills your		
organization's mission.		
Please attach supporting		·
materials to back of this form.		

(continued from first page)			
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	Attach additional pages if necessary.		
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*******	Do not write below, for internal tracking pu	rposes only.	******
	Date Application Received		
	Meets Chamber Donation Guidelines	Initial Reviewer	
	Date of Special Projects committee review		
	Special Projects committee recommendation		
	Donation Amount Awarded		
	_ Date Donation Award Mailed	Check Number	