



DONATION REQUEST FORM

ORGANIZATION INFORMATION

Name of Organization

Legal Name (if different)

Organization Website

Non-Profit Tax ID (EIN)

Address

City

State

Zip

Name of Contact

Title

Email

Phone

ORGANIZATION MISSION STATEMENT

Please provide the organization's mission statement:

PROGRAM/PROPOSAL INFORMATION

Please provide a one paragraph summary of the request:

PURPOSE OF FUNDS

Funds are being requested for (please check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Operating Support | <input type="checkbox"/> Start-up Costs | <input type="checkbox"/> Program/Project Support |
| <input type="checkbox"/> Capital Support | <input type="checkbox"/> Scholarships | <input type="checkbox"/> Event Support |
| <input type="checkbox"/> Other (please specify): _____ | | |

BUDGET

Dollar amount requested: \$ _____

Total Program/Proposal Budget (full copy attached): \$ _____

Total Annual Organization Budget (full copy attached): \$ _____

Organization's Program Efficiency Ratio % _____

REQUESTED ATTACHMENTS

Please include the following items along with your Donation Request Form:

- 1 Page Proposal for Requested Donation** - proposals exceeding 1 page may not be considered
- Program/Proposal Budget Justification**
- Total Annual Organization Budget**
- Proof of Organization's 501(c)(3) Status** - IRS Letter of Determination
- List of Organization's Current Board Members**

AUTHORIZATION

Signature

Date

Name of board member or presiding officer

Please send all completed forms and attachments to gracefullgivingfoundation@gmail.com.