



\_\_\_ AERIE  
\_\_\_ AUXILIARY  
\_\_\_ BOTH

## Charitable Donations Request Form

**All the following information is required in order consider your request.**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ OH Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please make sure your proposal includes the following information:**

- **A description of your organization, including its mission and major accomplishments**
- **A copy of the letter from the IRS stating your organization's 501(c)(3) status, if applicable**
- **A list of key staff and titles and current Board of Directors including officer status, if applicable**

Contact person's relations to the organization:

Employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Paid Worker \_\_\_\_\_ Fund Raiser \_\_\_\_\_

What services are rendered by your organization? \_\_\_\_\_

\_\_\_\_\_

How will this donation be used? \_\_\_\_\_

\_\_\_\_\_

By what date do you need the contribution? \_\_\_\_\_

*Please submit complete proposals no less than 60 days before contribution is needed. Incomplete or late proposals may not be considered.*

To whom should the check be made payable? \_\_\_\_\_

Amount of donation requested: \$ \_\_\_\_\_

Signature of Organization's Officer: \_\_\_\_\_

*Within 60 days following the event, please provide a letter or program showing how funds were used.*

**OFFICE USE ONLY**

**Date Application Received** \_\_\_\_\_

**Committee Action Date** \_\_\_\_\_

**Aerie Determination Date** \_\_\_\_\_

**Date Presented** \_\_\_\_\_

**Approved / Declined**

**Amount Donated**    \$ \_\_\_\_\_

**Who Received Check** \_\_\_\_\_