OPERATION ROUND-UP
APPLICATION FOR DONATION

ORGANIZATION: _____ DATE:_____

ADDRESS:_____

Email address: _____

Phone numbers: _____ COUNTY:_____

AMOUNT NEEDED FOR PROJECT $_____ AMOUNT REQUESTED $_____

TIME FRAME IN WHICH FUNDS ARE NEEDED:_____

WHY ARE FUNDS NEEDED: _____
_____
_____
_____
_____

WHAT ARE THE BENEFITS TO THE COMMUNITY OR AREA: _____
_____
_____
_____

ARE REQUESTED FUNDS AVAILABLE THROUGH OTHER SOURCES?_____
IF YES, WHAT ARE THE OTHER SOURCES: _____
_____

WHAT OTHER INFORMATION WOULD YOU LIKE TO SHARE:_____
_____
_____
_____
_____
_____

*****Please attach a copy of your annual financial report or budget.
Application is not complete without annual report or budget.**

NAME & TITLE(please print):_____

SIGNATURE:_____