



Silver City Woman's Club, GFWC
P.O. Box 1579
Silver City, NM 88062

EIN# 23-7226498 <http://silvercitywomansclub.org>

Donation Request Application

Name of Applicant Non-Profit Organization: _____

Date of Donation Application: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Telephone #: _____ Cell #: _____

Applicant Email: _____ Applicant Website: _____

Applicant Non-Profit Organization IRS TAX ID#: _____

Year the potential funds will be spent in: _____

Amount of Donation Requested: _____

Describe (specific) proposed use of potential donation funds. Attach additional pages to provide more detailed information about proposed use of funds to assist review of the donation application. How will the funds impact the quality of life of Silver City area residents? Will the funds be used for a special project?

Print Name & Title of person submitting the donation application: _____

INCLUDE WITH DONATION APPLICATION:

- A> Documentary proof of Applicant Non-Profit IRS tax-exempt status;
- B> Applicant Non-Profit mission statement/background information;
- C> Applicant Non-Profit prior year & current year-to-date balance sheet & income statement;
- D> Proposed detailed Budget for expenditure of potential donation funds;
- E> Annual/Expected salaries of Project Manager and Executive Director;
- F> Other paid positions and compensation amounts;
- G> Method to evaluate impact/success of the project/program.
- H> Define how the methods of SCWC recognition will be done using Facebook, Website, Newspaper, etc.

Applicant Signature _____

Title _____

Deadline for receipt of donation application is March 1.

SCWC: Attention Community Outreach Committee

P.O. Box 1579

Silver City, NM 88062