



Charitable Contribution Application

General Information

Name of organization: _____

Event/project name: _____

Requested amount: _____

Name of requestor: _____

Requestor's phone and/or email: _____

Organization Information

Tax-exempt ID number (required): _____

Street address: _____ City: _____ State: _____ Zip: _____

Mailing address (if different from above)

Address: _____ City: _____ State: _____ Zip: _____

Organization's mission: _____

Year established: _____

Area(s) served: _____

Do you receive federal or state funding? Yes No

How many full-time equivalent individuals are on your staff? _____

Project Information:

Project/Event summary: _____

Explain the specific use of the requested funds: _____

Describe the expected results of the project/event and how results will be measured:

What percentage of donated funds directly benefit the requested cause? _____

Start date of project: _____

End date of project: _____

Date funds are needed: _____

Will donors be recognized for their contribution? _____

If so, how?

Payment Information:

Check should be made payable to: _____

Address check should be sent to:

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Please attach any supporting documentation or information for consideration, and submit with completed form to **charitablegiving@msbonline.com**. If this form is not completed in its entirety, it will be returned to the requestor for completion.