

Bay Valley Corvette Club Charitable Donation Request Form

Please answer the following questions.

1. Organization Name: _____

2. Organization Address (street, city, state, zip): _____

3. Organization Phone Number: _____

4. Organization Fax Number: _____

5. Organization Contact Person: _____ Title _____

Work #: _____ Work Extension #: _____

Home #: _____ Email address: _____

6. Proposed Donation will be used for (if known): _____

7. Program Classification (select one):

Community

Cultural

Education

Environment

Medical/Health

Other _____

8. Rational for Request: _____

9. BVCC Member Submitting Request: _____

10. Are you involved with the Organization? (Y) (N) If so, how. _____

11. Does the organization receive public or private funding, or grant money? If so, what/who? _____

12. Does the organization have any political or religious affiliations? If so, what? _____

Forms must be returned by the March meeting of the year of contribution.

BVCC Member Signature: _____

Date: _____