



CONTRIBUTIONS

Organization Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website (URL): _____

Your Name: _____

Please list your organization's officers and their phone numbers:

_____	_____
_____	_____
_____	_____

Please list your organization's Board of Directors and their phone numbers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please tell us your organization's purpose or mission statement:

Please tell us what geographical area you serve: _____

Complete and email this form and any accompanying documents to info@chsausage.com



CONTRIBUTIONS

What are your annual budget and operating expenses? Please list in detail:

Federal Tax ID (to document non-profit status): _____

Date Contribution Needed: _____

Please write a description of your request:

How will your organization use this contribution?

Most importantly, please explain how our contribution will benefit the entire community:

Is this contribution for an eligible 501(c)3 organization? Yes No

Is this contribution needed AFTER the FIRST week of the next quarter? Yes No

Does your organization sell the names of donors? Yes No

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