



## Application for Donation

Organization/Program			Your Name		
Address					
Contact			Phone	Email	
Is organization run by Board of Directors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# Board Members	# Staff	# Volunteers
Please list board members and titles (attach list if easier)					
Organizational Structure <input type="checkbox"/> 501 (C) 3			For Profit Entity		Total Annual Budget \$
Date organization was established		How many served by this donation?		For how long?	
Brief Description of need and scope of activities:					
Any additional information you would like us to consider:					
<b>REQUEST</b>					
Amount Requested: \$			Needed By:		

For consideration, mail this form to Local at Heart, 171 Main Street, New Paltz, NY 12561 or email it to [application@localatheart.org](mailto:application@localatheart.org). Please allow 60 days for processing.