



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 <input type="checkbox"/> Not for Profit Entity <input type="checkbox"/> For Profit Entity				Total Annual Budget \$	
Date organization was established	How many people served by this donation?		For how long?		
Brief Description of need and scope of activities:					
Any additional information you would like us to consider:					
REQUEST					
Amount Requested: \$			Needed By:		

For consideration, mail this form to Local at Heart, P.O. Box 182, New Paltz, NY,12561. Or, email it to: localatheartnp@gmail.com. Please allow 60 days for processing.