



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
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.