

## Tithing Application

Date: \_\_\_\_\_

Name of organization applying for donation: \_\_\_\_\_

Nominated by: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Contact completing application: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mission of organization: \_\_\_\_\_

\_\_\_\_\_

Years in operation: \_\_\_\_\_

Nor-for-profit (501c3) status (required) yes

Amount of donation requested: \$ \_\_\_\_\_

Donation to be used for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there a specific date by which this donation is needed? \_\_\_\_\_

\_\_\_\_\_

How will this donation make a difference to your organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Financial stability (are organization records available for review – required for substantial)

\_\_\_\_\_

\_\_\_\_\_

### For Internal Use

Application approved: \_\_\_\_\_ Amount approved: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Date distributed: \_\_\_\_\_