

Organization Name

Address

Street

City

State

Zip

Country

Phone Number

Fax Number

Email Address*

Website

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.

What is your annual budget and operating expenses? Please list in detail.

To document non-profit status, please include your tax-exempt I.D. number.

Please write a description of your request

Date you need this donation:

How will your organization use this donation?

Most important of all, explain in detail how our contribution to you will help benefit the entire community.

Is this contribution for an eligible 501(c)(3) organization based in a community where the Wilderness at Lake Jackson operates?

Yes

No

Is the contribution needed AFTER the first week of the next quarter?

Yes

No

Does your organization sell the names of donors?

Yes

No

* Indicates a required field.

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