

THURSTON COUNTY BAR ASSOCIATION ANNUAL DONATION APPLICATION

1. NAME AND ADDRESS OF ORGANIZATION

Name of organization: _____ Phone Number _____

Address of organization: _____

Name of contact person: _____ Phone Number _____

2. Provide the requested donation amount and manner in which the funds will be utilized.

3. What services does your organization provide in the community?

4. What county (or Counties) does your organization serve?

5. How many individuals did your organization serve in the last year? How many in the last three months?

6. Does your organization target a specific demographic? If so, please describe (for example, low income, victims of domestic violence, children, etc).

7. Does your organization address legal or judicial issues? How so?

8. Is your organization requesting volunteers in addition to financial assistance?

9. Does your organization provide educational programs? If so, please describe.

10. Is your organization non-profit? If so, does your organization have the appropriate tax identification status? Please explain.

I, _____ (name), am authorized to apply for a donation on behalf of _____ (organization) and have read and understand the terms of the Thurston County Bar Association Donation Request. I affirm all information provided in the application is true and correct to the best of my knowledge.

Name and Title

Date