



FOUNDATION USE ONLY

Date Received: _____

Board Approval: Yes _____ No _____

Date: _____ Initials: _____

Charitable Donation Application

*Please complete with as much detail as possible.
Use back of form or attach additional pages, if necessary.*

I. GENERAL INFORMATION

Name of organization seeking support: _____

Full mailing address: _____

Executive Director/Contact name: _____

Phone: _____ Email: _____

Web address (if applicable): _____

Board of Directors: _____

Tax Exemption number: _____ Annual agency/program budget: _____

Please attach a copy of your most recent financial statement, if available.

Statement attached: ____ Yes ____ No

Have you requested a donation from The Georgia Club Foundation in the past? ____ Yes ____ No

Has your agency even been a Tour of Homes Beneficiary? ____ Yes ____ No

If yes, please list the year and program supported by the previous donation (s): _____

II. ORGANIZATION INFORMATION

A. Please provide the overall purpose of the organization, its goals and objectives: _____

B. Please provide a brief summary of the organization’s history: _____

C. Please describe the organization’s current programs, activities, and recent accomplishments: _____

III. PURPOSE OF REQUEST

A. Please describe the specific need or program to be funded by this donation: _____

B. Please describe the proposed goals and objectives achieved by fulfillment of the need or program.

C. Please describe the group or target population that will be aided by this program: _____

D. What amount of funds are you requesting: _____

E. Are there planned fundraising events to help meet expenses of this program? ____ Yes ____ No

If yes, please describe the event(s): _____

F. Will your organization receive any additional funding from any other source for this event?

____ Yes ____ No

If yes, please list all sources: _____

IV. Evaluation

A. Please describe the means by which the program will be evaluated: _____

B. Please describe what constitutes progress:

By signing below, the undersigned person(s) certify that they have read and understand The Georgia Club Foundation's Funding Policies for Charitable Organizations, and that the information in this proposal is true and correct.

Executive Director/Contact:

_____ Date: _____
Print Name

Treasurer:

_____ Date: _____
Print Name

Please return this application and any supporting documentation to:

The Georgia Club Foundation
854 Commons Park, Suite 235
Statham, GA 30666

For Foundation Use Only:

Comments: _____

