

# Bonsall Woman's Club Charity Request Application

Member's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ (Street/Number)

\_\_\_\_\_ (City/State)

\_\_\_\_\_ (Zip Code)

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

Contact: \_\_\_\_\_

The organizations 501(c) 3 Tax I.D. Number: \_\_\_\_\_

What percent of the organization's budget are administrative costs? \_\_\_\_\_%

Briefly explain the purpose of the funds.

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